MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY the h a. STATE b. COUNTY after after Anne Arundel MARYLAND Mary land Anno Arund c. CITY OR TOWN (If outside corporate limits, write RURAL and by the Pages Pive nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b papers. 1-72 hours hours 8 days Odenton Glen Burnie = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled ON A FARM? North Arundel Hospital 317 Nevada Ave. NO X within YES completely to ve carbon p executed within 3. NAME OF Last Month Year Middle Day DECEASED ve carb event, DEATH October 19 66 Charlotte 6 (Type or print) Ahmity 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS DATE OF BIRTH 5. SEX last birthday) Months and c Days Hours any F 12-20-1894 WIDOWED DIVORCED Yrs. 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) Ξ 10a. USUAL OCCUPATION (Give kind of work done I physician ease and in COUNTRY? death certificate be during most of working life, even if retired) Housewife Own home. USA Conn 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Pratt as been signed by the attending as the burial-transit permit. The prior to burlal, cremation, or rend Frances Moody 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) No Samuel Ahmuty, Sr. Same as 2 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] The law requires that the ONSEJ AND DEATH PART I. DEATH WAS CAUSED BY: CHAN the hospital or attending physician. IMMEDIATE CAUSE (a) DHE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. is certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO T DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING [20b. of OR CONTRIBUTING IT CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) മ Hour a.m. After While Not While retained by at work ATTENDING 19 at work TO HOSPIDE.
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TO FUNERAL DIRECTOR: After treactor, page 3 should by fleactor, filed with the St 9-30-6/2 19-1966 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. (e, and that death occurred at _M. from the causes and on the date stated above. saw the deceased alive on. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. M.D. DIRECTOR PHYS. ADDRESS 22c-PHYSICIAN 22d. NAME (Type) OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 23b. Epiphamy Cemetery Burial Odenton REGISTRAR'S SIGNATURE 25b. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25a. VR A15 (4) Kirkley Funeral Home . Glen Burnie. Mi 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 3551 HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence a. COUNTY a. STATE Page b. COUNTY ARCO 0 Jo. MARYLAND deloy b. CITY OR TOWN (If outside carporote limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) puo e RURAL guid give nearest town] 950 Jan 1 one day W DURNIL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form hours Rock View Bench ARUN DEL HO YES haurs ofter deoth. Office along with NAME OF Middle 4. DATE Month Doy Year within 72 DECEASED 10 (Type or print) DEATH 19 S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 24 HRS. lost birthdoy) Item 18. 3-10-1907 Hours WIDOWED DIVORCED event ond 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? _= Baltimore, Maryland Medical Examiner's Housewife pencil i 14. MOTHER'S MAIDEN NAME be executed within Janie A. Schnaitman William H. Wharton 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, ar unknown) ((If yes give wor or dates of service) or removal. Mrs. Janie Hess - Bertha Rd., Rockview Weach No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and buriol-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) should Word buriol, cremation, DUE TO Conditions, if any, which gove writing the rise to immediate cause (a). farworded to DUE TO certificote stating the underlying cause 50 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificote. NO X pe 2Da. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I at Part II af item 18.) CAUSE OF DEATH. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, fgrm. TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While moy be retained for your FUNERAL DIRECTOR: Poge designoted 21. I certify that I toak charge of the remains described above, held an Autapsy Inspection 19 Inquiry FT. and in my apinian death resulted from Suicide | Natural causes Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** Heolth NAME (Type) Address (Street, city, town, or county) the BURIAL CREMATION DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 50 REMOVAL (Specify) Oct. 19,1966 Loudon Park Cemetery Baltimore, Md. Buria 25b. REGISTRAR'S SIGNATURE 24. FLINERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Meanley Jud VR A15ME (5 6M 1/66 George J. Gonce -4001 Ritchie Hgwy. Baltimore

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY by the Pages 1 Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) I completely filled in by the corporation papers. Page: y event, within 72 hours at write RURAL and give nearest town) Millersville 5 Weeks
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Glen Burnie e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES | NO X Knollwood Manor Nursing Home 11/ Fifth Ave. S. executed within 3. NAME OF DATE Month Day Year Middle Last DECEASED DEATH 18, 19 66 (Type or print) October Allen Hamoton Allen AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED | DATE OF BIRTH етоме last birthday) | Months | Days Hours any and Male White 23 Nov. 1876 89 WIDOWED DIVORCED Yrs. 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT = 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician in please ri The law requires that the death certificate be INDUSTRY TISA Retired Anne Arundel Co. Salesman MOTHER'S MAIDEN NAME been signed by th∎ attending ph the burial-fransit permit. Then if to burial, cremations diversity al William H. Martha 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no. or unknwn) | (If yes give war or dates of service) Tonia G. Allen. same as No INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that to the hospital or attending physician. DUE TO Conditions. If any, which gave rise to immediate this certificate has been letached for use as the bent, of Health prior to DUE TO (a), stating underlying cause last. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO K YES [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) MEDICAL 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED factory, street, office bidg., etc.) be de Hour a.m. While Not While After ATTENDING at work at work I FUNERAL DIRECTOR: Affi director, page 3 should the Sahould be filed with the Sahould be filed should retained 21. I certify that (I) (this hospital) attended the deceased from 1940 that (I) (we) last 19 66, and that death occurred at 166M, from the causes and on the date stated above. saw the deceased alive on. DATE SIGNED SIGNATURE 22a. pe ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D 4 may ADDRESS 22d. PHYSIOPAN 22C director, should be NAME (Type) Crain Highway SW. MacDonald. Glan Bunnie, 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2 Friendship Cemetery Arundol Co. Md. Burial 1966 nne FUNERAL DIRECTOR ADDRESS 1966 VR A15 (4) Kirkley Funeral Hame, Glen Burnie, Md 15M 4-64

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 55 hours after death, and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY MARYLAND Pages b. CITY DR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) 2 write RURAL and give nearest town) bon papers. Pag within 72 hours ,⊑ da 3 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 24 completely i executed within 3. NAME OF First Middle Last 4. DATE Month DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours | Min. Гетоуе DATE OF BIRTH 7. MARRIED NEVER MARRIED 8. and any WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR E 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) death certificate 10 FATHER'S NAME removal. MOTHER'S MAIDEN NAME Then attending in signed by the attend burial-transit permit. burial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. Address 17. INFORMAN' (Yes, no. or unkown) \ (If yes give war or dates of service) 0 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: **OR ATTENDING PHYSICIAN:** The law requires that till be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate has been 事品 **DUE TO** cause (a), stating the as th underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) **DIRECTOR:** After this certificate hage 3 should be detached for use led with the State Dept. of Health p CERTIFICAT 203. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work 21. I certify that (1) (this hospital) attended the deceased from 0 and that death occurred at // */JM! from the causes and on the date stated above. saw the deceased alive on 66 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR page Page 4 may b M.D. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p should be f 0 NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) 2 Burial 24. FUNERAL DIRECTOR Cemeters

Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13553 13554 CERTIFICATE OF DEATH ican and campletely filled in by the funeral lease remove carbon papers. Pages 1 and 2 and in any event, within 72 haurs after deaths requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) ANNE ARUNDEL b COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAs and give nearest town) write RURAL and give nearest town) BRISTOL CEMSCREEK -ANNAPOLIS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS NO 3 NAME OF Middle 4. DATE Doy Year DECEASED GERTRUDE ARMICER OF DEATH 10 1966 (Type or print) IF UNDER I YEAR IF UNDER 24 HRS S SEX AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED Months lost birthday) 11/12/1583 DIVORCED 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY SOUTH CARCLINA OME 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, ARTHURE. CATHERINE D. HERNHOLM 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) ((If yes give wor or dotes of service) 17 INFORMANT 16 SOCIAL SECURITY NO 214-14-31914 FAMILY 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PARY I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) INTERVAL BETWEEN ONSET AND DEATH burial-transit signed by METASTATIC DISEASE Conditions, if ony, which gove) rise to immediate couse (a), stoting the underlying couse WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NENE TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20e ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20f. (City or town) (County) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg, etc.) Not While of work 21. 1 certify that (1) (this hospital) attended the deceased fram. , to 12/5 . 19 director, page 3 shauld shauld be filed with the , and that death accurred at 5.56 MM, fram casses and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22a, SIGNATURE ATTENDING DIRECTOR MD. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Y 326 marie 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) JUNERAL DIRECTOR VR A15 (4) 20 M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13555 CERTIFICATE OF DEATH ampletely filled in by the funeral ve carban papers. Pages 1 and 2 event, within 72 haurs after death. requires that the death certificate be executed within 24 haurs after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Anne Arundel Maryland MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b CITY OR TOWN (if outside corporate limits write RURA, and give negrest tawn) CLENGTH OF STAY IN 16 Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) 23_days d. STREET ADDRESS e IS RESIDENCE ON A FARM? 1424 Barnes Street Crownsville State Hospital NO A campletely f nave carban 3. NAME OF 4 DATE Month Doy Year DECEASED (Type or print) #33437 10 Robert DEATH 66 Armstead IF UNDER 1 YEAR S. SEX 9 AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH NEVER MARRIED iost birthday) Months Hours 3/29/37 signed by the attending physican and ca burial-transit permit. They please remay burial, cremathan, ar remaval, and in any o Male Negro DIVORCED WIDOWED 12 CITIZEN OF WHAT 10a USUA: OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lillian Armstead Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. INFORMANT Address Hospital Records No Unknown INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c) PART I DEATH WAS CAUSED BY Massive R ONSET AND DEATH Massive Recent Pulmonary Embolism IMMEDIATE CAUSE (a) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspıtal ar attending physician. 466 X DUE TO Phlibothrombosis of Peri-Prostatic Venous Piexous Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying cause as the priartal (c) 19. WAS AUTOPSY
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YES X NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION be detached far use State Dept. af Health NO F O FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or lown) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Haur om Not While factory, street, office bldg., etc.) at wark 9/30/, 19 66, to_ 10/23 . 1966 . that (1) (we) last attended the deceased fram. 21. I certify that (1) (this haspital) 10/23×19 66, and that death accurred at 8:25 M, from causes and on the date stated above saw the deceased aliveran 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** 10/24/66 DIRECTOR PHYS M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Crownsville, Maryland Genedict. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Jown) DATE THEREOF (Stote) BURIAL, CREMATION (County) REMOVAL (Specify) 2So RECO BY REGISTRAR ADDRESS 2Sb FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13556 CERTIFICATE OF DEATH and completely filled in by the funeral remove carbon papers. Pages 1 and 2 in any event within 72 hours after death. death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission a. COUNTY b. COUNTY requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside carparate limits, write RURAL and give negrest tawn)» Glen Burnie DCA
d NAME OF HOSP TAL OR INSTITUTION (If not in hospitol, give street address) Glen Burnie d. STREET ADDRESS e IS RESIDENCE ON A FARM? North Arundel YES NO 7806 Shellve Road 3 NAME OF please remove carbon Middle DATE Month Lost DECEASED OF (Type or print) John Gibson Atwell DEATH S SEX 6 COLOR OR RACE AGF (In years IF JNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED 8. DATE OF BIRTH **NEVER MARRIED** last birthday) Months Days Haurs ond in any Male White WIDOWED DIVORCED Oct. 1907 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) signed by the ottending physician buriol-transit permit. Then please INDUSTRY COUNTRY? Mechanic - Auto Retired Leosburg, Va. TS 13. FATHER S NAME ar removo Franklin T. Atwell Captola French WAS DECEASED EVER IN U.S. ARMED FORCES? Glen Burnie, Mi. 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no. grunknown). (If yes give war or dates of service) No 579-03-9894 ALWell. cremotion, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse os the priar tal hos been last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 PERFORMED? NO. be retained by the hospital ar O FUNERAL DIRECTOR: After this certificate for 20b, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20e PLACE OF INJURY (Hame, farm, (City or tawn) (County) (Stote) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year factory, street, affice blda, etc.) Hour o.m **Nat While** 21 | certify that (1) (the impired) attended the deceased from 62 to . 19 6 G. that (I) (we) last 3 should | 19 66, and that death accurred at \$372M, from causes and on the date stated above. 10/10 saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATUR **ATTENDING** MD. PHYS DIRECTOR director, page 3 should be filed a 22d. ADDRESS 10 HOSPITAL Page 4 may 1 22c. PHYSICIANS NAME (Type) < 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a BURIAL CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify)
Burial Union Cemetery Leesburg Va REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1966 DATE 20 M 1/66 Kirkley Funeral Home, Glen Burnie, Md.

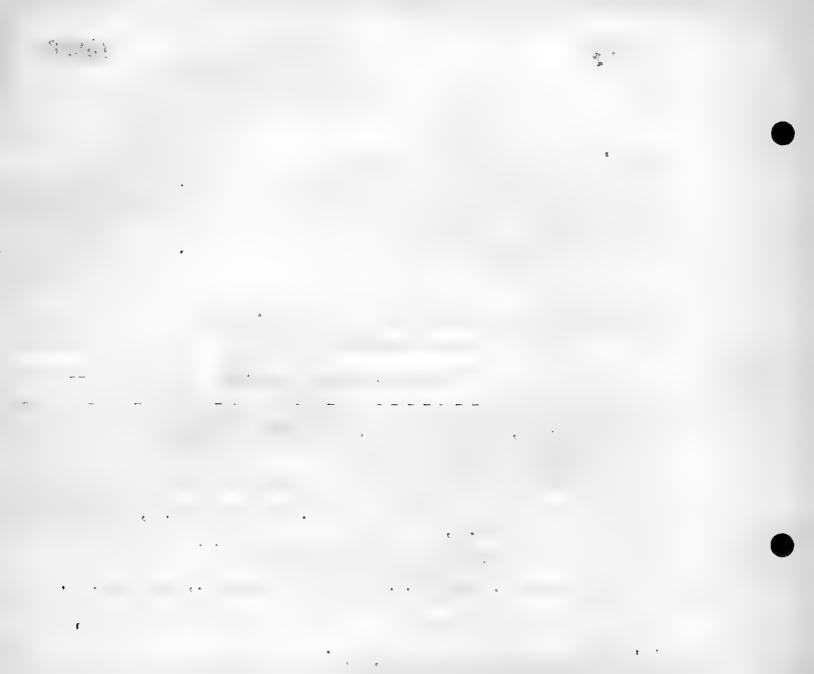
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13557 CERTIFICATE OF DEATH physician and campletely filled in by the funeral lenges. Palles I and 2 lenges emove carbon papers. Polles after deaths requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE o. COUNTY **b.** COLINTY Anne Arundel MARYLAND Maryland Anne Arundel c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 16 write RURAL and give negrest town) Annapolis Annapolis e IS RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS YES NO SE Anne Arundel General Hospital 515 Hornpoint Drive 3 NAME OF 4 DATE Year DECEASED OF DEATH October BALDWIN ST 19 66 A. (Type or print) Laurence 9. AGF (n years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last, birthdoy) Dovs Hours 9/5/1892 DIVORCED White WIDOWED Male 12. CITIZEN OF WHAT 10p JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY U. S.A Government -Retired Civil Service Baltimore, Md.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ephraim F. Baldwin Ellen Douglas Jamieson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 314dresMinorca (Yes, no or unknown) (If yes give war or dates of service)
Yes WWII 220-44-1895 Laurence V. Baldwin Coral Gables Fla INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) __ Corebral hemorrhage DHE TO Conditions, if any, which gave Hypertension, primary (suspected) rise to immediate cause (a). stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? Arteriosclerosis, diabetes mellitus, congestive heart failure NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [] be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg, etc.) Not While of work of work 21. I certify that (I) (the base and attended the deceased from Sept. 29, 19 66, to Oct. 1, 19 69 that (I) (ME) last saw the deceased alive an Oct. 1, 19 66, and that death occurred at _____M, from causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. 10/3/66 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Charles W. Kinzer, M.D. SouthRivMedCent. EEdgewater. Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Baltimore. Md. New Cathedral 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR H.W.Jenkins & Sons Co. 4905 York Rd. Milarles DATE O.C.T



1 2	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								01			
13558			Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND CERTIFICATE OF DEATH							1	13557	
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NG PHY the her this er this e detact	MED	Hour o.m. p.m.	Y Month, Doy, Year 9-2719	6 While	k □ otwork □] foc	CE OF INJURY (Hor tory, street, office bl	dg., etc.)	20f (City or town)	(Cou)
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TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detached far us shauld be filed with the State Dept. at Health		PHYSICIAN S NAME (Type)	my Cd.	H	ulo	M	D. ATTENDING PHYS 22d. ADDRE	MED DIRECT	TOR PHYS.		TE SIGNED > - 9-66	
D HOSP Page 4 D FUNE director shauld	230 BU	RIAL, CREMATION	236 DATE THE	REOF -66	23c NAME OF CE	7. 7	CREMATORY NES	23 F	LOCATION (City or	Town)	(County) M(State)	
VR A15 (4) 20 M 1/66	24 FUI	IERAL DIRECTOR	or for A	ris (ADDRESS	1: Ma	25	o. REC'D BY R	EGISTRAR 25b.	REGISTRAR'S SI	SNATURE Les Judge	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1355N CERTIFICATE OF DEATH 13559 The law requires that the death certificate be executed within 24 hours after death . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) completely filled in by the funeral nove carbon papers Pages I and o. COUNTY o STATE b. COUNTY Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) r. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) 12 days Riva Annapolis d NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 8 IS RESIDENCE ON A FARM? Sylvan Shores Anne Arundel General Hospital YES NOTE NAME OF Middle DATE First Last Month Year DECEASED Daniel (none) BARHAM 1966 October (Type or print DEATH IF UNDER 1 YEAR IF LINDER 24 HRS 5 SEX DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** remove last birthday) Manths Days Haurs in any Dec. 19, 1903 WIDOWED DIVORCED White Male 10a USUAL OCCUPATION (Give kind of work done TON KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if reticed) signed by the attending physician obviral-transit permit. Then please burial, crematian, ar removerfold i AKEPY Washington, D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for ONSET AND DEATH PART & DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) attending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause has been as the last. WAS AUTOPS) PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(G) NO N O FUNERAL DIRECTOR: After this certificate detached far 20g ACCIDENT WAS UNDERLYING [1] 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur o.m. factory, street, office bldg , etc.) Not While ot wark Oct. 6., 1966, that (I) 0000 last 21. I certify that (I) (this haseital) attended the deceased fram. should 19.66, and that deoth occurred at M, from couses and on the date stated obave. saw the deceased alive an Oct. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING MED DIRECTOR M.D. PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 100 Cathedral St. Annapelis, Md. director, shauld b 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) BURIAL CREMATION (County) REMOVAL (Specify) AMNAPOLIS 25o. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS 25b. 24. FUNERAL DIRECTOR e Annapolis, Mid VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13559 executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH and campletely filled in by the funeral remave carban papers. Pages 1 and a. COUNTY n STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 18 hrs. Galesville Annapolis remaye carban papers. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Anne Arundel General Hospital YES NO 3 NAME OF Middle First 4 DATE Month Year Lost DECEASED RENNING 19 66 October Ruth Evelyn DEATH and in any event, (Type or print) S. SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED X XI **NEVER MARRIED** lost birthdoy) Months Days Hours WIDOWED DIVORCED Sept. 7, 1896 White Female 12. CITIZEN OF WHAT 10g USUAL OCCUPATION (Give king of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10b COUNTRY? please during most of working life, even if retired) INDUSTRY physician U.S. Marvland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval. requires that the death cert 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no. or unknown) If If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one cause per lige INTERVAL BEXIVEEN (a), (b), and/(c) burial-transit PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DIJE TO stating the underlying cause Page 4 may be retained by the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO TT ā 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Their nature of injury in Part 1 or Port 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLASE OF INJURY (Home, form. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory street, office bldg , etc.) Hour a.m. Nat While at wark at wark . 19 66, that (I) (3/24 last 1967 to Oct. 21. Lertify that (1) (this basetal) attended the deceosed from 1966, and that death occurred at M. fram causes and an the date stated above. saw the deceased alive on Oct. 22b. DATE SIGNAD 220. SIGNATURE ATTENDING M.D. PHYS DIRECTOR PHYS. director, page should be filed 22d ADDRESS 22c PHYSICIAN S Shady Side, Md. Willard F. Smith. M.D. NAME (Type) 23b DATE WEREO NAME OF CEMETERY/OR CREMATORY 236/LOCATION (City of Town) (Stole) REMOVAL (Specif REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1966 DATE

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	. 13562 CERTIFICATE OF DEATH
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n 24 y fille pape thin 72	301 Old Annapolis Blvd. Marley 301 Old Annapolis Blvd. YES NO
te be executed within ysician and completely blease remove carbon pand in any event, with	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF DEATH October 12, 1966
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是是	George Biddinger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
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he de y the sit pe matio	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c),]
hat t ician, led by -tran	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2) Cicule myosardial infarction
requires that the death ding physician, been signed by the atte the burial-transit permit or to burial, cremation, o	Conditions, if any, which gave rise to immediate (b) Orderwscherotic heart disease
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OR ATTENDING PHYSICIAN: The law requires that the death sertificate be executed within 24 hours after be retained by the hospital or attending physician. JIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the gest 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 ed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work at w
NDIN ned to to Aft uld b	21. I certify that (I) (this hospital) attended the deceased from June 16, 1964, to OCL. 12, 1966, that (I) (we) las
ATTE retal coros s sho vith t	saw the deceased alive on 542 23 1966, and that death occurred at 1031 PM, from the causes and on the date stated above 226. SIGNATURE 226. DATE SIGNED
DIR.	Camma / Constitution M.D. Attending MED. DIRECTOR DIRECTOR PHYS.
PITA 4 ma 1 ma 1 pe 1	22c. PHYSICIAN'S NAME (Type) Edmond Moushabek, M.D. 22d. ADDRESS 510 Marley Station Rd., Glen-Burnie
TO HOSPITAL OR ATTENDING P Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
7 6	Burial 15 Oct. 66 Glen Haven Momorial Glen Burnie Md 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	Kirkley Funeral Home, Glen Burnie, Md. DATE OCT 14 1966 Mclarles Judge
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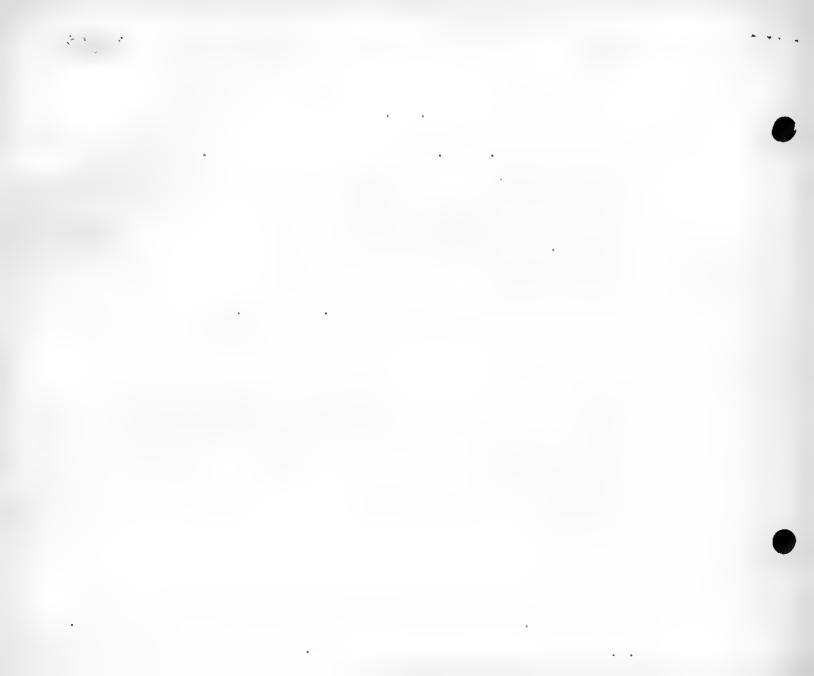
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death, uneral PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Anne Arundel Maryland 24 hours after Anne Arundel MARYLAND CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) filled in by papers. Page C. LENGTH OF STAY IN 1b ucans Linthicum Linthicum d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) completely filled we carbon papers. d. STREET ADDRESS IS RESIDENCE ON A FARM? 206 Nursery Nursery Rd. Rd. ND DX YES I within NAME DE First Middle DATE Day Last Year DECEASED 19 66 Blann October 6. Nera Louise DEATH (Type or print) executed етпоче SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 31.1875 and Oct. White Female WIDOWED A DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? þe Easton, Maryland Housewife Home certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the attending phy it permit. Thera p nation, or removal, Martha Tarr John Elms 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death o (Yes, no, or unkown) (If yes give war or dates of service) Edward C. Blann Same unkn. cramation. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH þ I-transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. signed | been signe the burial-f or to burial, DUE TO - Card Vas Cenditions, if any, which gave rise to immediate DUE TO cause (a), stating the prior underlying cause last. WAS AUTDPSY CERTIFICATION 119. PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health use PERFORMED? certificate ND 🖾 YES T the hospital this cerum detached fo 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. Not While at work After p.m at work 46, that (I) (we) last P 21. I certify that (i) (this hospital) attended the deceased from DIRECTOR: /
age 3 should
iled with the A.M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22 22a. SIGNATURE 22b. DATE SIGNED page : ATTENDING M.D. PHYS. DIRECTOR Page 4 may PHYSICIAN'S NAME (Type) 22d. ADDRESS FUNERAL 22c. director, p should be 1 Eutaw Place Joseph N. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) Burial (Specify) 9 Spring Hill Easton, Maryland FUNERAL DIRECTOR ewnam Funeral 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS Home Easton, Nd. 66 VR A15 (4) 20M 1/65



1/25	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
.(1/2)	13563	CERTIFICATE OF DEATH	13562						
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≥ <u>P</u> ē <	3 NAME OF DECEASED (Type or print) ROXIE	Middle BROWN DEATH OF DEATH (Month Doy Year OCTOBER 9 19 66 E (n years 1 F UNDER 1 YEAR 1 IF UNDER 24 HRS						
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phys nover	13. FATHER'S NAME RUBIN GREEN	14. MOTHER'S MAIDEN NAME LIZA							
that the death certificate be executed an. by the attending physician and complex ronsit permit. Then please remove con cremation, or removel, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service) 173-93	CURITY NO. 17. INFORMANT 3-9684 TEE CCEDS	Address						
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OR ATTENIOR DE retained DIRECTOR: A pie 3 should ed with the	Leullermo A. f.	M.D. ATTENDING MED DIRECTOR D	STAFF 22b. DATE.SIGNED						
	22c. PHYSICIAN'S GuillERMO S. 2	LINSAD, MD 22d. ADDRESS 7308 F.	Burnie, md.						
TO HOSPITAL Poge 4 moy TO FUNERAL director, pm	REMOVAL (Specify) L 10-12-66 M.	T. AUBURN BAX	ON (City or Town) (County) (State)						
VR A15 (4) 20 M 1/66		ADDRESS 250. REC'D BY REGISTRAR DATECT 1 1 196	6 Cliantes Judge						

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13564 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before admission) O. STATE RID o. COUNTY b. COUNTY 11100 0 MARYLAND b CITY OR TOWN (If outside corporate I mits, c JENGTH OF STAY N To c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pue write RURAL and give negrest wn) D.G.A. Crownsulle d NAME DE HOSP TAL DR INSTITUTION (If not in hospitol, give street oddress) d STREET ADDRESS e IS RESIDENCE DN A FARM? De hours along with form 480A NO in Item 18. Give Pages Anne Arundel Gen. Hosp. 24 hours after death 3 NAME OF 4 DATE Doy Year DECEASED 10 19 6 6 21 within (Type or print) DEATH S SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 CDLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH lost birthdoy) Months Dovs 4-23-93. DIVORCED **WIDDWED** event 11 BIRTHPLACE (State or foreign country) 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** Self- Empolved Missouri LISA Examiner's Farmer (Ret. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within pencil Milliam Unknown Butts IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOC A. SECURITY NO 17 INFORMANT he word "pending" in to the Chief Medicol (Yes, no, or unknown) ((If yes give wor or dates of service) 702-18-5965 Mrs. Lillie M. Butts (Wife) Same as #2 No ber 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) PART I DEATH WAS CAUSED BY cremation, or e, wr ting the word forworded to the Cl DHE TO Conditions, if ony, which gove (b) ase to immediate couse (a), DUE TO stoting the underlying couse used os buriol, c lost WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIF CATION NO 🔀 certificote, 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port | or Port | of item 18) designoted ogent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20e PLACE OF INJURY (Home, form 20d INJURY OCCURRED (City or town) (Stote) 20c TiME OF INJURY Month, Doy, Year (County) foctory, street, office b dq , etc.) Hour am Not While FUNERAL DIRECTOR: Poge ot work at work 21. I certify that I took-charge of the remains described above, held on Autopsy (Inspection and in my opinion deoth resulfed flom Notural couses Accident Suicide Homicide Undetermined monner moy be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED 5 moy be reto TO FUNERAL DI Heolth or its ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER EXPONENTIAL I NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) 25,1966 Glen Haven Memorial Park Oct. Glen Aurnie. 250 REC D BY REGISTRAR 255 REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5) R.V. Singleton Glen Burnie, Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13554 13565 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. de de 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH OUNTY Arundel b. COUNTY o. STATE Maryland Raltimore City
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give reporest town)
Crownsville c. LENGTH OF STAY IN 16 Baltimore 29 days IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 412 N. Duncan St. Crownsville State Hospital YES NO DE Middle 3 NAME OF Lost 4. DATE Doy Ferst Month Year 1966 DECEASED Carmine 10 18 P. (Type or print) 3-#33335 Maria DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S SEX 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthdoy) Months Hours Female Dec. 27, 1905 WIDOWED DIVOR CED White 100 USUAL OCCUPAT ON (Give kind of work done Ob KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY'S . A. MENNIKACHO VIRGINIA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME BARE Marv Emmet Firebauch 15 WAS DECEASED EVER N.L.S. ARMED FORCES? 17 INFORMANT MR. WILLIAM R. CARTINE, SAME AS 4d 216-09-1093 (Yes, no, or unknown) (If yes give war or dates of service) Hospital Records XXXXXXXX No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Massive Pulmonary Atelectasis IMMEDIATE CAUSE (o). DUF TO Mucus plugging of Tracheo-bronchial tree Conditions, if ony, which gove nse to immediate couse (a), DUE TO stoting the underlying couse Carcinoma of left breast to HOSPITAL OR ATTENDING PHYSICIAN: The faw re Page 4 may be refained by the hospital or ottending the TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) von Recklinghausen's Neuro-fibromatosis YES X NO T for 205, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c TIME OF INJURY Month, Doy, Year Hour om While of work of work foctory, street_office bldg , etc) director, page 3 should be de should be filed with the Stote ___, 19_66 that (I) (we) last 10 60 21. I certify that (I) (this haspital) attended the deceased fram. 9/19 10/18 . ta 19 66, and that death accurred a9:45 M, fram causes and an the date stated above 10/18 saw the deceased alive on. 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. MED. DIRECTOR 10/18/66 X M.D. 22c. PHYSICIAN'S Crownsville State Hospital, Maryland M. D. Benedict. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 230 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BALTIMORE, MARYL AND BALTIMORE NATIONAL CEMETERY 10-21-66 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR **ADDRESS** 24 FUNERAL DIRECTOR Misseles Judal 1966 VR A15 (4) 20 M 1/66 Howard H. Hubbard, 4107 Wilkens Avenue 21229

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13566 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY 2, and 3 to PM3. Page o STATE b COUNTY φ deoth. MARYLAND deloy Deportment b CITY OR TOWN (1 outside corporate c LENGTH OF STAY IN 16 autside corporate imits, write RURAL and give nearest town) after d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE form hours ON A FARM? 1920 Noels. ARUNDE 8. Give Pages ate YES NO after death. NAME OF First Middle DATE 55 Lost Month Dov Year within 72 DECEASED OF the Low 10 1966 (Type or print) DEATH with S SEX AGE (In years IF UNDER I YEAR 6 COLOR OR RACE IF UNDER 24 HRS 7 MARRIED NEVER MARRIED Months Dovs Hours WIDOWED DIVORCED 1912 24 hours event C~ puo 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 B RTHPLACE (State or fareign country) 2 CTZEN OF WHAT Westinghouse during most of working life, even if retired) COUNTRY? dny Hagerstown, Md. pages 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME be executed within pencil .5 Ralph Carnochan Catherine Russell E and IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT permit. (Yes, no, or unknown) ((If yes give war ar dotes of service) removal. 214-09-6534 Mildred Carnochan Baltimore. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter any one couse per line for (1)/16), and (c)) al-tronsit PART I DEATH WAS CAUSED BY. DNSET_AND DEATH ardere 70 IMMEDIATE CAUSE (o) word certificate should cremation, DUE TO Conditions, if only, which gave buri writing the rise to immediate couse (a), DUE TO stating the underlying couse forworded 0 used os burial, c last. PART II, OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO the certificate. YES T <u>۽</u> ۾ 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18.) should designoted agent, prior PRIMARY ☐ or CONTRIBUTING ☐ DECAL EXAMINER: CAUSE OF DEATH. MEDICAL TIME OF INJURY Month, Day, Year 20a INJURY OCCURRED 20e, PLACE OF .NJURY (Home, form, (City or town) (County) (State) Hour o.m. While Not While factory, street, affice bldg., etc.) moy be retoined for your FUNERAL DIRECTOR: Poge at work at wark 21. I certify that Took Charge of the remains described above, held an Autopsy Inspection 17. Inquiry and in my apinion deoth resulted frame Natural causes Accident Suicide Homicide Undetermined monner CHIFF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funerol TO DEPUTY eofth or DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town or county) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE THEPTOF 23d. LOCATION (City or Town) 50 E REMOVAL SPAcify 10/12/66 Rose Hill Cometery Hagerstown Md. 24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAF VR A15ME (Minnich Funeral Home Hagerstown, Md. 6M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral pjnoys 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission a. COUNTY Anne Artino Anne Arundle County Marvl and MARYLAND pur b. CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by write RURAL and give nearest town) Box #207 Hanover Maryland Hanover 80 Yrs. hours after Pages filled d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Box #207 Hanover Maryland Hanover Maryland YES KT NO T papers. n 72 hot completely NAME OF Middle DECEASED 1966 Lillian Louise Chase Oct. (Type or print) within and con 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED 5 SEX 8 DATE OF BIRTH IF UNDER 24 HRS AGE (In years | IF UNDER I YEAR lest birthday) Colored Months Female Dec. 26.1879 WIDOWED XX certificate physician a remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)
Housewife Gambrill's Maryland U.S.A. Home please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME _⊆ certificate has been signed by the attending r use as the burial-transit permit. Then please Adams Martha Ann Williams Arron 15, WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | [[fves give war or dates of service] Romeo Chase 3611 Fairview Ave. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). the hospital or attending physician. INTERVAL BETWEEN CINSET AND DEATH PART I, DEATH WAS CAUSED BY: ò IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, if any, which geve risa to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION 5 G PERFORMED? NO prior 200. ACCIDENT WAS UNDERLYING IT 29b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Peri I of Peri II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH may be retained by the DIRECTOR: After this 3 should be detached to (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. TIME OF INJURY 20d. INJURY OCCURRED I 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) Month, Day, Year (County) fectory, street, office bldg., atc.) While Not While ŏ el wark el work 19....., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from a SM, from the saw the deceased alive on. 19 and that death occurred at causes and on the date stated above. ATTENDING 22a. SIGNATURE DATE MED. SIGNED O HOSPITAL death, Page 4 DIRECTOR PHYS. rector, page 22d. ADDRESSO 22c. PHYSICIAN'S NAME (Type) 23E. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, lown or county) REMOVAL (Specify) Burial OFB Harmons Maryland 1,1966 Saint's Rest Cemetery Nov. 256. REC'D 8Y REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Nutter Funeral Home-3035 W. North Ave. VR A15 (4) 20M 5-63

ARYLAND STATE DEPARTMENT OF HEALTH

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1	1			PARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MAI	RYLAND 21201
		1356\$	CERTIFICATE	OF DEATH	13567
funeral for and for any any any and any any any and any any any and any any any any any and any	a	COUNTY Anne Arundel	MARYLAND	Maryland	OUNTY
ate be executed within 24 haurs after an and campletely filled in by the fuese remove carbon papers. Pages I and in any event, within 72 haurs after		CITY OR TOWN (f autside corparate limits, write RURAL and give neorest town) Crownsville	t LENGTH OF STAY IN 16	c CITY OR TOWN (If autside corporate limits, write Baltimore	, - 1
hin 24 ha filled in t papers.	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, g Crownsville State	l l	d STREET ADDRESS 5704 Phillys Str	eet YES NO X
withir stely fil rban f	D	AME OF ECEASED #33500 Erst Eugene	Middle		10 Doy Year 26 19 66
xecuted writ I campletely mave carbar ny event, wr	5 5	file and the first of the second seco		DATE OF BIRTH 9. AGE (In year 11/16/81	s IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
te be ex yan and ase rem ind in an		USUAL OCCUPATION (Give kind of work done 19b K! g most of working life, even if ref.red) IN	ND OF BUSINESS OR DUSTRY MANUFACTURER	13. BIRTHPLACE (Caunty & State or fareign country) Italy	12. CITIZEN OF WHAT COUNTRY SA
ertifica	13.	FATHER'S NAME Angelo Cieri		14. MOTHERS MAIDEN NAME Foristina	
death c tending mit.	15 (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S		1 14-1 0	ddress 11 E
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending pays can and camptely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 gad-2 shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death		18 CAUSE OF DEATH (Enter only one cause per line for PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4.2.4.1 DUE TO	Branchopne		INTERVAL BETWEEN ONSET AND DEATH
N: The lo ar attent ore has b r use as ealth prior	CATION	the state of the s	c Brain Syndro	ome - Parkinsonism	YES NO X
HYSICIAI haspital certifice rched fai	CAL CERTIF	OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Enter nature of injury in Part I ar Part II af item 18	,
JING PI Dy the frer this be deft State De	MEDICAL	21. 1 certify that (I) (this haspital) attend	c at work	ry, street, office bldg., etc.)	/26/, 1966, that (I) (we) lost
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health priar to		sow the deceased olive on 10/	26/ 1966 , and that	attending MED. STAFF	ses and on the date stated above. 22b. DATE SIGNED 10/26/66
SPITAL (4 may b VERAL DI for, page Id be file		22c. PHYSICIANS NAME (Type) L. Benedict,	M.D.	22d. ADDRESS	
TO HOS Page 4 TO FUNI directo	1	BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specity) 10-29-66	23c. NAME OF CEMETERY OR C	lam Bu	(D.) ml.
VR A15 (4) 20 M 1/66	24	Funeral DIRECTOR Forley-Caronaugh FA.	Cotonwelly	DATE OCT 3 1 1966	REGISTRAR'S SIGNATUR Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13569 requires that the death certificate be executed within 24 hours after death. death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ond completely filled in by the funeral remove corbon papers Pages 1 and PLACE OF DEATH b. COUNTY ANNE ARUNDET. o. COUNTY ANNE ARUNDEL o. STATE MARYT AND MARYLAND event, within 72 hours after b CITY OR TOWN (If outside corporate limits, € LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL CONTROL THE TRANSPORTE GLEN BURNIE d STREET ADDRESS e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 503 KINTOP ROAD 503 KINTOP ROAD NOXXX NAME OF Middle DATE Year First Dov Lost DECEASED 19 66 F. (Type or print) DEATH IF LINDER 1 YEAR IF UNDER 24 HRS. AGE (In years S SEX DATE OF BIRTH 6 COLOR OR RACE NEVER MARRIED birthdoy) Months Dovs Hours 9-12-1885 WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR COUNTRY? U.S.A. during most of working the even if retired)
CARPENTER RETIRED PENNSYLVANIA 14. MOTHER'S MAIDEN NAME 13. FATHER 5 NAME THERESA MITE WILLIAM CLARK or remoi WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 187-03-5472 A MRS. MARY C. CLARK, 503 KINTOP ROAD INTERVA, BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BYburiol-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by terionlerosis Q DUE TO pneraL Conditions, if any which gove rise to immediate couse (a), DUE TO stating the underlying couse be retained by the hospital or attending this certificate has been prior to for use as the lost. 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) director, page 3 should be detached for use should be filed with the State Dept, of Health MEDICAL CERT FICATION NO YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While 19 at work TO FUNERAL DIRECTOR: After 1966 to 19 66, that (I) (we) last 21. I certify that (I) (this haspital attended the deceased fram 1906, and that death accurred at Whe 974 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE ATTENDING PHYS. STAFF PHYS. T. M.D. DIRECTOR ADDRESS 22c PHYSICIAN'S NAME (Type) 23r. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL MARYLAND BALTIMORE CEDAR HILL CEMETERY 10-13-66 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR ADDRESS 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE OCT 1986 OWARD H. HUBBARD, 4107 WILKENS AVENUE, 21229

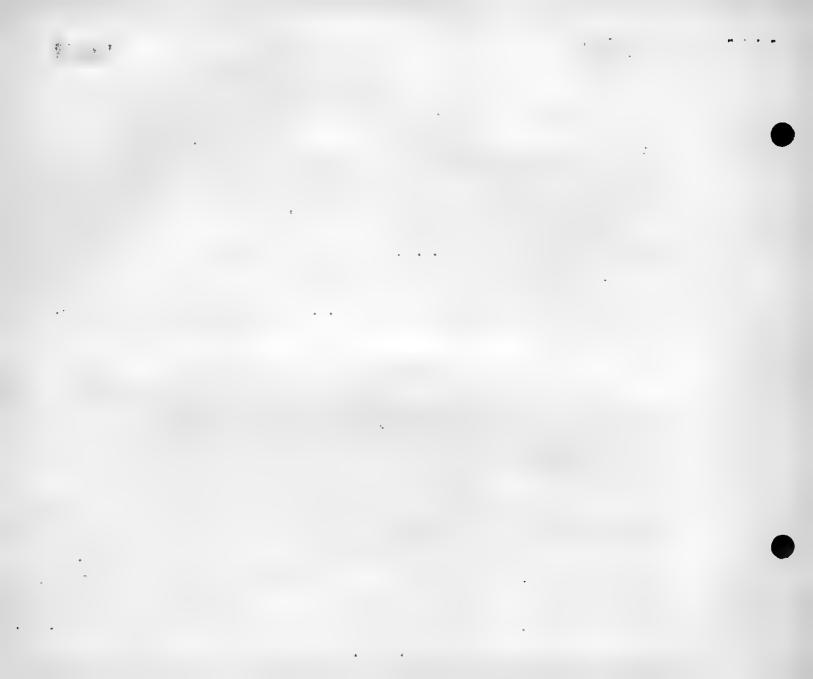


112	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
		13570 CERTIFICATE OF DEATH	13570					
whin 24 hours after bed in by the funeral Pages 1 and 2 should ars after death?	b, 0	DERTHOUNTY MARYLAND ITY OR TOWN (if outside corporate limits, write lunch and give nearest fown) LAND C. LENGTH OF STAY IN 1b C. CITY OF TOWN (if outside corporate limits, write lunch and give nearest fown) LAND AME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	RURAL and give neerest lown) e. IS RESIDENCE ON A FARM?					
th certificate be executed with a physician and complete the remove carbon papers. Pagin any event, within 72 hours	5. SEX	SUAL OCCUPATION (Giva kind of work wing most of working life, even if relired) Lest birthday) VIDOWED DIVORCED 7- / 7 / 7 7 7 7 7 7 7 7 7	Dey 19 1F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?					
aw requires that the death of ing physician. In signed by the attending places transit permit. Then please amation, or removal, and in a	15. W/ (Yes, n	THER'S NAME 11. MOTHER'S MAIDEN NAME 12. MOTHER'S MAIDEN NAME 13. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address CAUSE OF DEATH lenter only one cause per line for (a), (b), end (c). 1 PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a) DUE TO	Genella MAC. INTERVAL BETWEEN ONSET AND DEATH 20 MMC/A					
C PHYSICIAN: The law by the hospital or attending er this certificate has been a hed for use as the burial-trafelly prior to burial, cremitally but he burial, cremitally but he burial, cremitally burial or here.	CERTIFICATION (I)	nditions, if any, which veries to immediate cause, stating the undarlying DUE TO part II. Other significant conditions contributing to death but not related to the terminal disease condition give ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER C. TIME OF INJURY Month, Day, Yaer 20d, INJURY OCCURED 20c, PLACE OF INJURY (Home farm. 20). (City or Jown)	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Ste'e)					
HOSPITAL RATTENDING SIP. Page () be retained in the EUNERA RECTOR: After a should be detact filled with the State Dept. of It.	21. \$a 22	Hoer a.m. p.m. 19 While Not While factory, street, office bldg., etc.) I certify that (I) (this hospital) attended the deceased from	nd on the date stated above. 22b. DATE SIGNED					
VR A15 (4)	Bu	URIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION, City, low 100 VAL (Specify) 10 8 6 6 100 City 100 City, low 100 City	ISTRAN'S SIGNATURE					



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1357 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institut on Residence physician and completely filled in by the funeral en please remove carbon papiirs. Pages 1 and a. COUNTY b. COUNTY o. STATE ANNE ARUNDEL ANNE ARUNDEL MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
LINTHICUM HEIGHTS E. LENGTH OF STAY IN 16 b CITY OR TOWN (I outside corporate limits Geo. G. Meade bon papars within 72 ho d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS
501 DARLENE AVENUE e IS RESIDENCE ON A FARMPY Kimbrough Army SOI/DARVENE AVENUE DOA YES 🗔 NO I 4. DATE NAME OF Middle Lost Month Doy Yeor DECEASED OCTOBER CLIFFORD CRAIG 31 66 HARRY (Type or prent) DEATH IF IJNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH last pirthdoy) JAN 6, 1922 Months Dovs Hours WHITE MALE **AUO** WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o USUA, OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? USA West Virginia Retired Serviceman U.S. Navv 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Craig Arthur Dean Reed Addresinthicum Hots 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) 232-24-7760 Mrs.D.Craig.501 Darlene Ave Md. Yes Unknown lon. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY DOA IMMEDIATE CAUSE (o) physicion TX 0 DUE TO Conditions, if any, which gove (b) nse to immediate couse (a), DUE TO stating the underlying cause hos been the last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Coronary arteriosclerotic heart Disease, severe pulmonary edema, for use Heolth YES IK NO TO FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING [by the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) 20c TIME OF INJURY Month, Doy Year Hour om factory, street, office bldg. etc.) Not While 19 66. traditional day XX 31 Oct 21. I certify that the this box distributed at the deceased from WAS DOA be retoined ploods , and that death accurred a6:40a.M, fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE 31 OCT 66 COT MC M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S KIMBROUGH ARMY HOSP, FT GEO G MEADE, MD SHERWOOD COHEN.CPT.MC NAME (Type) director, should 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 230. BUR AL, CREMATION 23b. DATE THEREOF REMOYAL (Specify) 3.1966 PARK MΠ MEADOWRIDGE MEM' ELKRIDGE. HOWARD 2Sb. REGISTRAR S SIGNATURE 2So. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) GLEN BURNIE. MD. SINGLETON 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



	12577	CERTIFICA	TE OF DEATH	LTIMORE I, MARYLAND
1	PLACE OF DEATH	Item #2a, u, & 3 Fi	m # 122 11/2/66 pc	710012
ľ	. COUNTY	Arundel	a. STATE	COUNTY
_	- Glen D	WENTE MARYLAND	C. 19170'S'	P: +a/
	b. CITY OR TOWN (if ourside corporat write RURAL and give nearest tow	te limits, (n) c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside corporate limit	its, write RURAL and give necrest town
	4 1/4/16 OF HOPPITAL OR WATER		Baltimore	
1	NAME OF HOSPITAL OR INSTITUT	ION (if not in hospitel, give street address)	d STREET ADDRESS RCR Peseve	or St. O SRES
1	NAME OF	Nursing Hom	4 1-955 TUFNACOLI	Dranch No MES
3	DECEASED 1 .	First Middle	Last 4. DATE OF	Month Day Yeer
-	(Type or print)	19n Cr	USC DEATH OC	40ber 24 19
2	5. SEX 6. COLOR OR	RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In last bird	n yeers IF UNDER 1 YEAR IF UNDER 1 Hours
-	171	WIDOWED DIVORCED	3-28-18 99 61	Atz.
1	Do. USUAL OCCUPATION (Give kind of done during most of working life, even if	of work 10b. KIND OF BUSINESS OR INDUS frailired)	TRY 11. BIRTHPLACE (County & Stafe, or foreign c	tountry) 12. CITIZEN OF WHAT C
	UNKADOWN_		Unkator Amo	, A & J .
[1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
_	CINKNOWN		UNKNOWN	
(5. WAS DECEASED EVER IN U.S. ARMEI Yes, no, or unkown) (Ifyasgivewerorde	rtes of service)	INFORMANT	Address
	The device of	103-12-3806	Joseph Noc/ S/4	Ellen St
	PART I. DEATH WAS CAUSED	BY: (b) and (c).)	1- 0	INTERVAL BET ONSET AND E
	IMMEDIATE CAU	SE (o)	clusion	Jaay
	# ×2 f	JETO /king+	0. 1. 11. 6	and the same
	Conditions, if any, which	(b) Agrilossue	undyo- Vascular	- Ungras
	(a), stating the underlying DL	UE TO O	. 1. 1.	1. 6
_	Cause lest.	(c) ALL ME ME	NOT RELATED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a) 19, WAS A
TON	PART II OTHER SIGNIFICANT C	CONTRIBUTING TO DEATH BUT I	TOT RELATED TOUTHE TERMINAL DISEASE CONDITIO	PERFO
EFC.A	20a ACCIDENT WAS UNDERLYING	Del prochibi	PLD (F.)	YES
CERTIF	OR CONTRIBUTING CAUSE OF DE	EATH	RED. (Enter nature of mjury in Pert) or Pert II of Item	10.)
			LACE OF INJURY (Hame, ferm, 20f. (City or town	(County)
MEDICAL	Hour a.m.	While Not While	ectory, street, office bldg., atc.)	(Sound)
*		19 et work et work	Quality & a set Males	1. 01/ 10//
		nospital) attended the deceased from		Jan., 19.6 that (1) (
	saw the deceased alive on.(1966 and the	at death occurred at 117M, from the ca	suses and on the date stated
	220. SIGNATURE	16 of	M.D. PHYS. MED. STAF	F
	22c. PHYSICIAN'S	Tun	M.D. PHYS. DIRECTOR PHYS.	
	NAME (Type)// Cha	vd H. HELAIT	1000 Churulan	Hen Burne !
2	30. BURIAL, CREMATION, 23b. DATE	THEREOF 123c NAME OF CEMETER	Y OR CREMATORY 23d, ACCATION (City, town or county) (St
-	REMOVAL (Specify)	5/10 R 11 1/1	4 for Be 14	- ind
40	4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 2	Sh. REGISTRAR'S SIGNATURE
1	den 1 tl	134311 11/1	PATE OCT 27 1986	flavely judge
4	critical A. Cetar	1-1010 Cht firm	TVIE I	, <u>, , , , , , , , , , , , , , , , , , </u>



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13574 13574 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 havrs after death and the attending physican and completely filled in by the funeral sit permit. Then please remave carban papers. Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved, if institution, Residence before admission) o. COUNTY b. COUNTY Maryland AnneArundel Anne Arundel MARYLAND c CITY OR TOWN (If autside corparate limits, write RURAL and give necrest town) b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Annapolis Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS e IS RESIDENCI ON A FARM? 20 North Homeland Ave.. Anne Arundel General Hospital NO D 3 NAME OF Middle 4. DATE Day Year DECEASED BUCKETT Sr. OF DEATH Kenneth Harrison 19 66 (Type or print) October 9. AGE (In years last birthday) IF UNDER I YEAR S SEX 6 COLOR OR RACE 7. MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. NEVER MARRIED Doys Hours Mala White and in any WIDOWED DIVORCED Nov. 14, 1889 12 CITIZEN OF WHAT 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? INDUSTRY ING KE INFORMAN INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).)
PART I DEATH WAS CAUSED BY signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a). DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been at the 19. WAS AUTOPSY PERFORMED? PART JI, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO T ą 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Effer nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) 19_66 that (I) (with clast 21. 1 certify that (1) this happing attended the deceased from director, page 3 should should be filed with the saw the deceased alive an Oct. 16 19.66, and that death occurred at fram causes and on the date stated above. 22b. DATE SIGNED RIGNATURE MED DIRECTOR STAFF PHYS. M.D 22d. ADDRESS NAME (Type) 121 Cathedral St., Annapolis, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) DATE THEREOF (County) (State) REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4)

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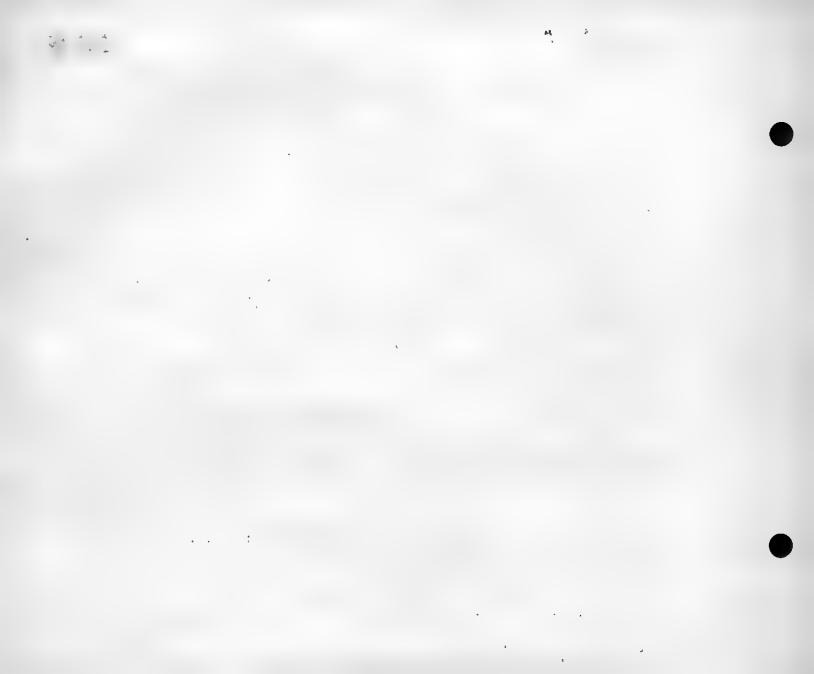
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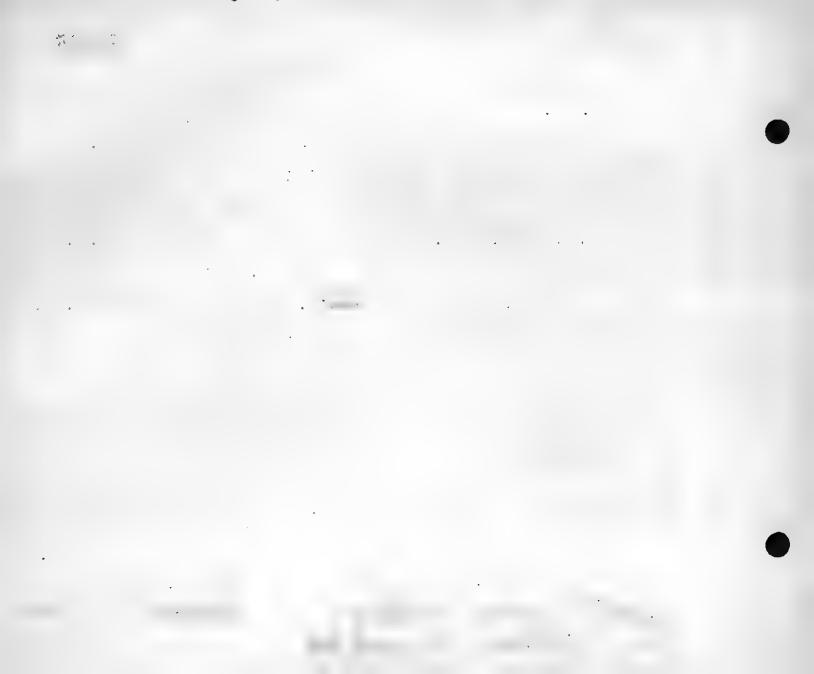
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13575 13575 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death puo 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) physician and camptefely fitled in by the funeral papers. Pages I and PLACE OF DEATH p. COUNTY € a. STATE b. COUNTY Maryland Anne Arundel ofter Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hin 72 hours RURAL-Edgewater Annapolis d STREET ADORESS e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? Rt. 1, Box 406 K4 Anne Arundel General Hospital NO N YES DATE 3. NAME OF Middle Lost Month Year Doy DECEASED EAD 19 66 Louise Lentz DEATH October (Type or print) 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6 COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH **NEVER MARRIED** last_birthdoy) Months Hours Doys White 19, 1931 WIDOWFD DIVORCED May Fema le 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) during host of working the every COUNTRY? INDUSTRY 5. U. 13. FATHER'S NAME 14 MOTHER'S MAIGEN NAM WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address # 2 (Yes, no, or unknown) (If yes give wor or dotes of service) cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO burial, Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been d far use as the af Health prior ta last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While ot work shauld be 19___, that (I) (we) lost 21. I certify that (I) (this hospital) attended the deceased fram. M. fram causes and on the date stated above. saw the deceased alive an , and that death accurred at 22b. DATE SIGNED SIGNATURE DIRECTOR PHYS. director, page 3 should be filed v M.D. PHYS 22d ADDRESS 22c. PHYSICIAN S NAME (Type DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d., LOCATION (City or Town) (County) (Stote) 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



1	. 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	VIAND
7		13576 CERTIFICATE OF DEATH	7 6
	death death	1. PLACE DF DEATH 11 2. USUAL RESIDENCE (Where deceased lived, If institution: Residen	ace before admission)
		ANNE ARUNDEL MARYLAND B. COUNTY ANNE AM	RIINDEI.
	after after	I D. CLIT UK LUWN OF OUTSIDE CORDOTATE LIMITS. I C. I FNGTH OF STAY IN 15 U.C. CLTY OR TOWN (If outside corporate limits, write RUKAL and I	give nearest town)
	hours a d in by rs. Page 2 hours a	write RURAL and give nearest town) ANNAPOLIS ANNAPOLIS	11.1.1
	24 ho filled i papers. in 72 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ANNAPOLIS, MD	e. IS RESIDENCE ON A FARM?
, ,		NAVAL HOSPITAL BAYRIDGE AVE & VAN BUREN ST.	YES NO NO
`	death certificate be executed within 24 he attending plysician and completely filled permit. Then please remove carbon paperstion, of ferroval, and in any event, within 72	3. NAME DF First Middle Last 4. DATE Month Or DEGEASED	ay Year
	rted w comple ve car event,	(Type or print) THOMPSON PHELPS ELLIOTT DEATH OCTOBER 1	19 66
	ove y ev	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR last birthday) Months Days	
	and remo	MALE CAUC WIDOWED DIVORCED 3 AUGUST 1902 64 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEI	N OC WHAT
	be ician ase nd ii	during most of working life, even if retired) INDUSTRY COUNTI	RY?
	ate Dysi ple:	LT. U. S. NAVY RET U. S. NAVY ANNAPOLIS, MARYLAND U. S. 13. FATHER'S NAME	5.
		RICHARD G. ELLIOT JULIA V. HAMMON	
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address A DOT TO	MITESTAG
	eath ermit on, ok	(Yes, no, or unknown) (If yes give war or dates of service) YES 21 YEARS 220-44-6672 H. ELLIOTT BROTHER HOME. ANN.	
		I 18. CAUSE DE DEATH (Enter only one cause per line foe(a). (b), and (c)]	TERVAL BETWEEN
	requires that the deat ding physician. been signed by the at the burial-transit permore to burial, cremation, or to burial, cremation.	PART J. DEATH WAS CAUSED BY: PULMONOMY Confusion	NSET AND DEATH
	res that the physician, signed burial-tran	163 A DUE TO	7 1.1-
	phy phy buri buri	Conditions, If any, which (b) Anknysum	Leone.
	required fing plans been the part to be	gave rise to immediate cause (a), stating the OUE TO	
	law requi attending has been e as the l	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 12	9. WAS AUTOPSY
	N: The law requilital or attending liftcate has been for use as the bette Health prior to the best the		PERFORMED?
	CIAN: The ospital or a certificate hed for use to Health	202. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	YES NO T
		20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	PHYSICIA the hospi this cert detached e Dept. of		(State)
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work at work at work	
	50 4 P 0	21. I certify that (I) (this hospital) attended the deceased from 8 SEPT 66, 19 66, to 1 OCTOBER19 66,	that (I) (we) last
	t ATTENOIS retained ECTOR: A 3 should with the	saw the deceased alive on 1 OCTOBER 1966, and that death occurred at8:15M, from the causes and on the deceased alive on 1 OCTOBER 1966, and that death occurred at8:15M, from the causes and on the deceased alive on 1 OCTOBER 1966, and that death occurred at8:15M, from the causes and on the deceased alive on 1 OCTOBER 1966, and that death occurred at8:15M, from the causes and on the deceased alive on 1 OCTOBER 1966, and that death occurred at8:15M, from the causes and on the deceased alive on 1 OCTOBER 1966, and that death occurred at8:15M, from the causes and on the deceased alive on 1 OCTOBER 1966, and that death occurred at8:15M, from the causes and on the deceased alive on 1 OCTOBER 1966, and that death occurred at8:15M, from the causes and on the deceased alive of the 10 OCTOBER 1966, and that death occurred at8:15M, from the causes and on the deceased alive of the 10 OCTOBER 1966, and that death occurred at8:15M, from the causes and on the deceased alive of the 10 OCTOBER 1966, and the 10 OCTOBER 1966,	ate stated above
	ш (2) >	22a STGMATURE 22b. DATE STAFF 22b. DATE STAFF	SIGNED
		January & Mun Carlothin M.D. PHYS. LA DIRECTOR L. PHYS. LIT OCTO	BER 1966
	PITA ERAI Dr. p	22c. PHYSICIAN'S NAME (Type) B. J. COUGHLIN. IT MC USN 22d. ADDRESS USNH ANNAPOLIS. MARYLAND 21	1.02
	TO HOSPITAL OR Page 4 may be TO FUNERAL DIR director, page should be filed	23a. BURIAL CREMATION. 23b. DATE THEREOF. 23c. NAME OF CEMETERY OR CREMATORY 23th LOCATION (City, town or county)	(State)
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	BUNDAPOLIS HUNAPOLIS	MD.
	~ (°	24. FAVERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	SNATURE
	VR AI5 (4)	John 11. Tay to & Sais (Luicopoles Md. DATE DCT 4 1966 goliante	by Judge
	20M 1/65		0-0-



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13577 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) I. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY con and campletely filled in by the fur Case remave carban papers. Pages 1/ and in any event, within 72 haurs after Arundel MARYLAND Anne CITY OR TOWN (If outs de carporote limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore 7 das. Crownsville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Crownsville State Hospital YES NO X 1602 E. Monument Street Year **66** 3 NAME OF 4. DATE First Middle Lost Month Doy (Type or print) #29710 19 Elliott 10 Viola DEATH IF UNDER 24 HRS. IF UNDER 1 YEAR S. SEX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Jost brithdoy) Months Dovs Hours - 1926 Female Negro WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of warking life, even if retired) INDUSTRY CONPLEX 9 Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal, Unknown Unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) ((If yes give war ar dotes af service Address 16. SOCIAL SECURITY NO. 17. INFORMANT Hospital Records 225-46-7096 crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) signed by the burial-transit p burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY Concestive Heart Failure IMMEDIATE CAUSE (6) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Arteriosclerotic Heart Disease Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prar to Generalized Arteriosclerosis PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO K Epilepsy 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Nat While at wark 19 66, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram_ 6/12/ 1965 . ta 10/19/ 19 66, and that deoth occurred at 7:45 M, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. 10/19/66 ∇ DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S M.D. NAME (Type) Benedict 23d. LOCATION (City or Town) (State) 23a BURIAL CREMATION 23b. DATE THEREO NAME OF CEMETERY OR CREMATORY (County) REMOVAL'(Specify) Elimorp 2Sb. REGISTRAR'S SIGNATURE ADORESS 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Ochanler 1966 WWASH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. CDUNTY MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 15 24 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within NO 4 etely executed within carbon 3. NAME OF DECEASED Middle Month DF DEATH 10 (Type or print) 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday)
Months | Oays | Hours | Min. 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1911 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician n please r during most of working life, even if retired) UNDUSTRY COUNTRYT death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova UNKNOWN ed by the attenctransit permit. 115. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 10 (Yes; no, or unkown) ((If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) OUY! ardiovascular Heart Conditions, if any, which gave rise to immediate OUE TD cause (a), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL WAS AUTOPS PERFORMED? YES -NO [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) NONE 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. Not While While at work 21. I certify that (I) (this hospital) attended the deceased from OCTA and that death occurred at 6234M, from the causes and on the date stated above. 00 saw the deceased alive on SIGNATURE 22a. ATTENOING PHYS. D3 運 FUNERAL HAME (Type) 22d. ADORESS director, p John H. Daughtery. BURIAL, CREMATION, 23b. OATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR VR A15 (4) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13579 CERTIFICATE OF DEATH by the funeral-Pages 1 and 2 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH n COUNTY a. STATE Maryland b. COUNTY Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Annapolis 3 days (Rural) Bristel d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENCE ON A FARM? d STREET ADDRESS NO Y Anne Arundel General Hospital Bristol P.O 3 NAME OF Middle Doy 4. DATE Year DECEASED Hettie ENNIS October 22 1966 Elizabeth (Type or print) DEATH 9 AGE (In years IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF BIRTH IF JNDER I YEAR 7. MARRIED NEVER MARRIED last buthcay) Months Dovs Hours August 12, 188 WIDOWED DIVORCED Female Negro 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? cian o INDUSTRY Maryland
14 MOTHER'S MAIDEN NAME Demestic 13. FATHER'S NAME Unknows Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. transit permits, crematian, or r (Yes, no, or unknown) (If yes give wor or dates of service) -54-1697 Josephine A. Burley No Bristol.Md INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause has been the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO TE O FINERAL DIRECTOR: After this certificate 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20r. TIME OF INJURY Manth, Day, Year Haur o.m. Not While foctory, street, affice bldg , etc.) of work of work 1935, taOct. 22., 1966, that (I) is reschast 21 I certify that (I) this targeted attended the deceased from be retained director, page 3 shauld should be filed with the M, fram causes and an the date stated above. 19 66, and that death accurred at saw the deceased alive an and 22b. DATE SIGNED 22g. SIGNATURE ATTENDING STAFF 10/24/66 M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Emily H. Wilson, M.D. Lothian, Md. NAME (Type) 235 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23g BURIAL CREMATION REMOVAL (Specify) Union chapel Arundel, Md 10/25/66 Anne 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 2Sb lianles Annapolis . Md C.E. Hicks. 111

1/	1	D	ivision of STATIST				PARTMENT OF 1 W. PRESTON S		ORE, MARYL	AND 21201	
R STATE		13580					CERTIFICATE			13580	
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,5 _±		REMOVAL (Specify) JULY 18 FUNERAL DIRECTOR	Oct-1	4,1966	100	Haven	Mem. Pairf		n Bu	SISTRAR S-SIGNATU	Md.
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1	ı	MARYLAND STATE DEPARTMENT OF HEALTH
TOD STATE		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13582 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13582
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auld ward he C tal ti		Conditions, if any, which gave
he the tart to the burnari		rise to immediate couse (o),
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EXAMINER: ute the cert age 4 shaulu your files. Page 3 shoulu ed agent, pr	NE NE	holic and rol 31 166 of work of work & Brogoty street, office bldg, etc)
_, 5 4 5 4 +		21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and in my opinion
FCTO signs		death resulted from Natural couses . Accident . Suicide . Homicide . Undetermined monner .
MEDIT please il directo retained L DIREC:		ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
JTV. Feral be re ALL or st		SIGNATURE EXAMINER'S DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
O DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4.5 may be retained for your D FUNERAL DIRECTOR: Page Health or its designated against the control of the contr	- 02	NAME (Type) Address (Street, city, town, or county)
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	MARYLAND STATE D	PARTMENT OF HEA	ALTH	
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1. PLACE OF DEATH	items 7,cjb Film	1 2. USUAL RESIDENCE (W)	Min here dacassed lived, if institution	nı Residence before edmission
. COUNTY AAC	MARYLAND	e, STATE	b. COUNTY 70	INCO POCCES
b. CITY OR TOWN (if outside corpor write RURAL and give nearest to	rate limits. c. LENGTH OF STAY IN 1		e corporate limits, write RURAL	
FRANK N. L.A	Note Justo	KentLAN	d Mid	
d. NAME OF HOSPITAL OR INSTITU	JTION (if not in hospitel, give street address)	d. STREET ADDRESS	1/ 1/	IS RESIDENCE ON A FARM?
Foure ter St.		16011	You therwe -	YES NO.
3. NAME OF (Type or print)	9 Edith Gee	01	ATE Month FEATH	14 19 66
S. SEX O. COLOR O	R RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UND	ER 1 YEAR IF UNDER 24 HRS.
Fenne whit	WIDOWED DIVORCED	JAN 3 889	last birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind dona during most of working life, even	of work 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (County & Sta	ate, or foreign country) 12.	CITIZEN OF WHAT COUNTRY
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13. FATHER'S NAME	5/	14. MOTHER'S MAIDEN NAME	ma.	
15 Rezelle	2 STORRS	Lucrietia	MAINE	
15. WAS DECEASED EVER IN U.S. ARM (Yes, no, or unkown) (Ifyesgivewerord	(ED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT	Address	1 ht ()
IR CRUSE OF DERTH Pates	nly one cause per lina for (a), (b), and (c), (a)	npoxen breening	in Church HT	INTERVAL BETWEEN
PART I, DEATH WAS CAUSE	D BY: / / /	It ambasi.		ONSET AND DEATH
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gave risa to immediate cause	DUE TO	المراجع		- 4000 -
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5 Trevu	our cerebral Hiros	nboser chara	lysis	YES NO
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		LACE OF INJURY (Home, farm, 20f actory, streat, office bldg., atc.)	. (City or lown)	County) (Steta)
Hour a.m.	While Not While at work	Octory, sites, office brog., etc.)	A- 11	
21. I certify that (I) (this	hospital) allended the deceased from			19.5.5, that (f) (we) la:
saw the degreesed alive on	19.66, and th	at death occurred at 4 35 M.	from the causes and on	the date stated above
220. SIGNATURE	A 4:41	ATTENDING MED.	STAFF	27b. DATE
Muana	1 miles	M.D. PHYS. DIRECTO	OR PHYS.	10/14/11
22c. PHYSICIAN'S NAME (Type)	ard F. Smith MI	22d. ADDRESS Sha	dy Side, 1	Md. 1 100
23a. BURIAL, CREMATION, 23b. DA REMOVAL (Specify) 10/1	-100 1 000 11	Y OR CREMATORY 23d.	LOCATION (City, town or so	unty) (State)
24 FUNERAL DIRECTOR'S SIGNATURE	7/66 Maplehin	2Se. REC'D BY	YMPICHURST REGISTRAR 286. REGISTRAR	'S SIGNATURE
Handay Francis	Village Somostin	MATE OCT	1 0 1966	mes Judge
14 2 2 2 2 1 william	The state of the s	,		0



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13588 13584 S The law requires that the death certificate be executed within 24 hours after death. completely filled in by the funeral law carban papers. Pages 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) I. PLACE OF DEATH Anne o. SiMaryland Arundel MARYLAND b. CITY OR TOWN (If outside carparate imils, write RURAL and give necrest town)

Crounsviile CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2mos. 11 days Rt. 508 d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Crownsville State Hospital Adelena YES NO 🔀 3. NAME OF Firs! Middle 4 DATE Manth Day Year DECEASED #32827 OF DEATH 10 19 66 Gross Moses S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9 AGE (in years 7 MARRIED NEVER MARRIED prihdoy) emave Months Hours DIVORCED K March 19, 1921 Negro WIDOWED Male pu 100 USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? INDUSTRY phys Hone Farm Worker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remava Moses Gross Annie the attending passit permit. The IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, arunknown) (If yes give wor ar dotes of service Yes Unknown Hospital Records 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Respiratory Insufficiency: Severe Emphysema: DUE TO Arteriosclerotic Cardiovascular Disease signed b Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying couse has been the the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS' NO 🔽 YES | Chronic Brain Syndrome TO FUNERAL DIRECTOR: After this certificate ţ 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Manth, Doy, Year (County) factory, street, office bldg., etc.) Not While 7/30 10/11 1966, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from. 1966 . ta Page 4 may be retained saw the deceased glive on 10/11 19 66, and that death occurred of A. M. from causes and on the date stated above 22a, SIGNATURE 22b. DATE SIGNED ATTENDING PHYS STAFF PHYS. X 10/11/66 M.D DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Benedict. M. D. Crownsville State Hospital, Maryland director, shauld b 23c NAME OF CEMETERY OR CREMATOR'S 23d. LOCATION (City or Town) 23a BURIAL CREMATION, REMOVAL (Specify) 23b. DATE THEREOF (Stote) (County) Med Schoo SALTI MORE 25b. REGISTRAR S SIGNATURE 24. FUNERAL-DIRECTOR. 2So REC'D BY REGISTRAR VR A15 (4) 1966 DATE 108 W WASHST.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13584 13558 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after deoth. death puo 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH o. STATE o. COUNTY **b.** COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 19 days Rural -- Arnold Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Delham Farm, Box 82, Rt. Anne Arundel General Hospital NO Middle 4. DATE 3. NAME OF First Last Day Year DECEASED 1966 Maria HAMMOND October (Type or print) Anna DEATH AGE (n years 1 YEAR IF UNDER 24 HRS. S SEX B. DATE OF BURTH IF UNDER 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Days Hours White WIDOWED DIVORCED Female August 10, 1916 50 mirs 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR Lh BIRTHPLACE (County & State, or fareign country) physicion or hen please r during figst of working the even if retired) **COUNTRY?** INDUSTRY U.S. Maryland remoyal, c 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unkrown) (If yes give war or dates at service IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) buriol-tronsit PART I DEATH WAS CAUSED BY. ONSEL AND DEATH писсиония IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying couse Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate hos been os the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO K YES [Į. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 at Part II of Item 18.) 20g ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING I CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) 1966 to Oct. 15, 1966 that (1) \$606) last une saw the decreased alive an Oct. 1966 , and that death accurred at M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR PHYS. 22d ADDRESS 22c. PHYSiCIAN" NAME (Type) Richard I. Mochman, M.D. 59 Franklin Street, Annapolis, Md. director, should b 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Joseph) 23a BURNAL CREMATION 23b DATE THEREO _ (County) REMOVAL (Specify ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ELINERAL DIRECTOR** VR A15 (4) 20 M 1/66

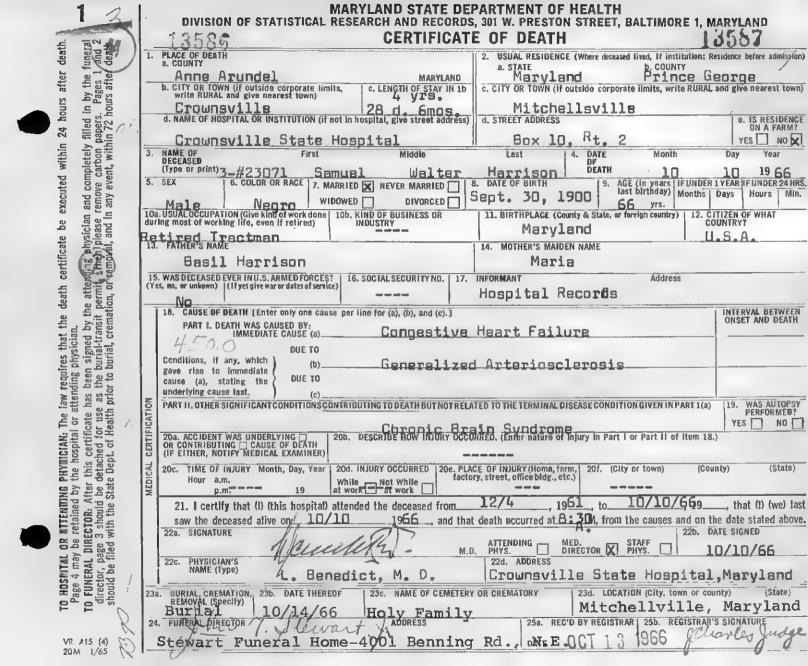
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 J556 CERTIFICATE OF DEATH 13585 and 2 The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) o. COUNTY o. STATE Anne Arundel MARYLAND Maryland Anne Arundel b CITY OR TOWN (If autside carporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) RURAL - "rnold Annapolis 1 day d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM Anne Arundel General Hospital Rt-3, Box-284 YES 🗔 NO 3 NAME OF Middle Last DATE Manth Doy Year DECEASED HARGADON Francis William 1966 October (Type or print) DEATH IF UNDER 24 HRS. S. SEX 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthday) Haurs Feb. 15, 1911 Male White WIDOWED **DIVORCED** 12 CITIZEN OF WHAT IDa, USUAL OCCUPATION (Give kind of work dane IDB. KIND OF BUS NESS OR INDUSTRY CHAFFEUR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) Maryland POLICE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT R HARGABON 233 PRHINK R HARGABON 215557. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gave 3 rise ta immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been Health priar to the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) USe YES NO XX Page 4 may be retained by the haspital or far 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING THE CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 20s PLACE OF INJURY (Hame, farm, (City or town) (County) (State) TIME OF INJURY Month, Day, Year foctory, street, affice bldg., etc.) Hour a.m. Nat While at work at wark e ____, 19_66 that (I) (www.) last 0 saw the deceased alive on. 220 SIGNATURE 226. DATE SIGNED MED. DIRECTOR M.D. PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Ray M. Smith. M.D. HahnProfBldg., Severna Park. directar, should b 23d. LOCATION (City or Town 23b DATE THEREOF (County) (Stote) 23a. BURIAL CREMATION. REMOVAL (Specify) Ritcherlyhn BURIAL 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



4 1 3 1

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13587 death CERTIFICATE OF DEATH and 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) campletely filled in by the funeral ave carban papers. Pages 1 and I. PLACE OF DEATH a. COUNTY h COUNTY papers. Pages 1 c MARYLAND aw requires that the Leath certificate be executed within 24 haurs after CLTY OR TOWN (If autside carparate I mits, white RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN autside corporate lignits, write RURAL and ave negrest tawn) d. STREET ADDRESS e IS RESIDENC INSTITUTION (If not in hospital, give street address) ON A FARM YES NO NAME OF Middle DATE Month remaye carban First Year DECEASED
(Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX NEVER MARRIED 7 MARRIED (ast, burthday) Manths Dovs Hours DIVORCED WIDOWED 12. CITIZEN OF WHAT 10a, U.S., AL OCCUPATION (Give kind of work done & State or foreign country) hen please during post of warking life, even if refired)

FOREHAN FATHER'S NAM signed by the attending IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. burial-transit permit. (Yes, no, ar unknown) (If yes give wor or dates af service) CAUSE OF DEATH (Enter only one cause per ince for (o), (b) and (c))
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) INTERVAL BETWEEN DUE TO Canditians, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause priar to b attending this certificate has been shauld be detached far use as the with the State Dept. af Health priar to 19. WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) be retained by the haspital 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Manth, Dov. Year factory, street, affice bldg., etc.) Hour a.m Not While O FUNERAL DIRECTOR: After 21. 1 certify that (1) (this haspital) attended the deceased fram and that death accurred at M, from causes and an the saw The deceased alive an 22a. SIGNATURE M.D. PHYS DIRECTOR director, page shauld be filed ADDRESS PHYSICIAN'S NPERSO 23b DATE THEREOF LOCATION (City of Town) (County) (State) BURIAL CREMATION 25b. REGISTRAR'S SIGNATURE **BUNERAL DIRECTOR** VR A15 (4) 20 M 1/66



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	13588 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13589
HEALTH DEM.	1 PLACE OF DEATH o. COUNTY A. CO - MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE D. D. COUNTY B. COUNTY B
r death 1f Cary delay s ve Pages 1, 2, and 3 to 3 with form PM3. Page the State Department of in 72 hours ofter death	b CTY OR TOWN (If guiside corporate limits, write RURAL and give nearest town) GRUPAL and give nearest town) GRUPAL and give nearest town)
es 1, 2, form I form I be Depo	1 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) OUN - NURSH. HKUIUDIEL d STREET ADDRESS 404 FREEL View - Rd. VES NOTE
ofter death 1f 68. Give Pages 1, along with form with the State De within 72 hours	3 NAME OF First Middle Host 4 DATE Month Doy Year OF OF DEATH 10 19 6 6
rs ofter 18. Giv e along 2 with 1	S SEX 6 TOLOR OR RACE 7. MARR ED NEVER MARRIED B DATE OF BIRTH 9. AGE (n yeors lost berthday) Months Doys Hours Min DIVORCED T - 3 - 5 - 8 - 8 - 9 - 8 - 9 - 9 - 9 - 9 - 9 - 9
24 hours in Item 18 r's Office ss lond 2 v	100 USJAL OCCUPATION (Give kind of work done dupog most of working life even if retired) Retired 10b KIND OF BUSINESS OR INDUSTRY INDUSTRY Baltimore, Maryland
vithin 24 pencil in 1 cominer's e pages id in con	13 FATHER'S NAME Henry W. Herman Rosa Dehrl
xecuted wit dding" in pe hedical Exor permit. File movol, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ves, no, or unknown) (If yes give wor or dotes of service) 216-05-8451 Miss Rosella Herman 4000 Chatham Rd.
shauld be e le word "pen o the Chief A ound transit notion, or re	IB CAUSE OF DEATH (Enter on y one couse per line for (g), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove insert of immediate couse (o), storing the underlying couse lost. (c) INTERVAL BETWEEN ORATH DUE TO (b) DUE TO (c)
s certificate e, writing th farworded t e used as a l a buriol, crer	DADT II OTHED SIGNIFICANT CONDITIONS CONTOR THAC TO DEATH BUT NOT DELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN DAPT (16). 19 WAS AUTOPSY
INCR: Th s should be f files. 3 should be f should be f files.	PRIMARY OF CONTRIBUTING CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. NJURY OCCURRED (Enter nature of injury in Part 1 or Port II of Item 1B.) 20e. Time OF INJURY Month, Doy, Yeor Hour o.m. 20d. NJURY OCCURRED 20e PLACE OF INJURY (Home, form, for
EXAMINER: cute the cert oge 4 shaulur r your files. Poge 3 should ed agent, pr	20c. TIME OF INJURY Month, Doy, Year Hour a.m. p.m. 19 20d iNJURY OCCJRRED While of work of w
AL AL OR CARE	21. I certify that I tack charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion deoth resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined monner
TO DEPUTY MEDICAL INCESSORY, pleose e the funerol director 5 may be retained to FUNERAL DIRECTOR FUNERAL DIRECTOR Health or its design	SIGNATURE EXAMINER'S NAME (Type) F. Low Gracely ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 10 -10 -66
TO DI The free free free free free free free fr	230 BURIA, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Store) BURIAL CREMATION, 10/12/1966 Lorraine Park Cemetery Woodlawn, Md.
VIII A15ME (5FF)	24 FUNERAL DIRECTOR 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE 1 Colombia for the parameter of



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH a, COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY after Marvland Allegheny the sa Anne Arundel MARYLAND CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 hours Annapolis Gumberland 1 day Ξ d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Anne Arundel General Hospital 215 Tilghman St., NO X YES letely 3. NAME DE First Middle Last DATE Month 4. Day Year DECEASED DF event, comple HTGGTNS 13 (Type or print) Anna October DEATH 66 19 6. COLOR OR RACE and cor 7. MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months any Days Hours White Female WIDOWED DIVORCED [10a. USUAL DCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 5 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) INDUSTR COUNTRY? U.S. certificate 13. FATHER'S NAME attendi 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMAN Address death 0 (Yes, no, or unkown) | (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per lineyfor (a), (b), and (c).] ONSET AND DEATH څ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-burial, DUE TO Conditions, If any, which (b) been gave rise to immediate まるこ DUE TD cause (a), stating the underlying cause last. has as (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health certificate PERFORMED? YES NO N 20a. ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached file Dept. of OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, | 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After at work at work o Oct. 21. 1 certify that (i) (the korotos) 19 66 , that (i) OKOK last attended the deceased from DIRECTOR: age 3 should led with the saw the deceased alive on Oct. 19_66, and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED 7:40 22b. ATTENDING M.D. DIRECTOR PHYS PHYS. ра 運 HOSPITAL FUNERAL 22¢. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Annapo should Page 4 BURIAL, CREMATION, 23b DATE THEREDF LOCATION (City, town or county) (State) 0 MDVÁL (Specify) REGILERORIES SECON VR A15 (4) DATE 20M



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 13590 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) physician and completely filled in by the funeral o. COUNTY b. COUNTY C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside carparate limits. autside corparate limits, write RURAL and give nearest town) ter RURAL and one nearest town) DURNI d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) ON A FARM? NAME OF DATE DECEASED OF DEATH (Type or print) F UNDER 1 YEAR S. SEX 6 COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH 7 LAGE (In years IF UNDER NEVER MARRIED last birthday) Months Days Haurs WIDOWED DIVORCED 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR (County & State or foreign country) COUNTRY? during most of working ife, even if retiped) INDUSTRY Pr b4 C 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) signed by ottending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been the WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) n casious NO DO Ę. 20a ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item. 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year (County) foctory, street, affice bldg., etc.) Hour a.m. Nat While at wark .19 46, ta (4/20 21. I certify that (I) (this hospital) attended the deceased from 10; 44 19 6 Cond that death occurred of_ 6 AM, from couses and on the date stated above. saw The deceased alive on_ 22b. DATE SIGNED 220. SIGNATURE ATTENDING TO HOSPITAL OR director, poge 3 should be filed w DIRECTOR PHYS. M.D PHYS. 22d_ ADDRESS 22c. PHYSICIAN'S NAME (Type) 230. BURIAL (REMATION, REMOVAL (Specify) 23b. DATE THEREOF 23d. LOCATION (Pity of Town) 23c. NAME OF CEMETERY OR CREMAJORY. - (County) (Stote) 2Sb. REGISTRAR'S SIGNATURE 25o, REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

TO FUNERAL DIR

VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

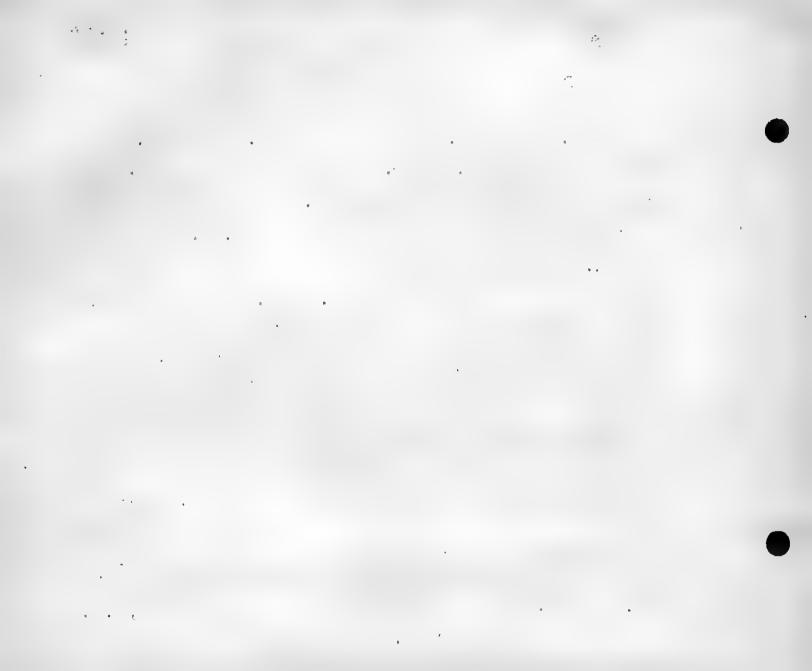
CERTIFICATE OF DEATH

Reg. Dist. No. 13592

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY MARYLAND	d STATE b COUNTY					
b. CITY OR TOWN (If outside carporole limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)					
RURAL and give nearest town) Cape St. Claire						
d. NAME OF HOSPITAL (If not in hospita), give street address)	d. STREET ADDRESS e. 1S RESIDENCE					
OR INSTITUTION	ON A JARM?					
	Box 240 Route 4 Harbor View Drive YES NO					
3. NAME OF DECEASED First Middle	Last 4. DATE Month Doy Year					
(Type or print) ECUNIQUE	17/LL DEATH 10 11 1966					
5. SEX 6. COLOR OR RACE MARRIED MEYER MARRIED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday Months Days Haurs Min					
Male White WIDOWED DIVORCED	2/16/1888 78 75					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)	STRY 11. BIRTHPLACE (State or Toreign country) 12 CITIZEN OF WHAT COUNTRY?					
Retired Tin Smith Mill Business	Baltimore U.S.A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Nicholas S. Hill	Elizabeth Chickering					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17.	INFORMANT Address Box 240 Rt. 4					
(Yes, no, or unknown) (If yes, give wor or dates of service)	BOX 240 Rt. 4					
	frs. Margaret L. Hill-Harbor View Drive					
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY:	Cape St. Clair INTERVAL BETWEEN					
IMMEDIATE CAUSE (0) /// andrive Myo:	cardial infarction 5 mints					
DUE TO						
Conditions, il any, which) (b) Generalized	randio - vascular artemio Cleros 10 years fle					
couse (o), stating the under-	Accessing to immediate the second of the sec					
lying cause tost. (c) Chionec condice Facture 6 months						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?					
[2]	YES NO K					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature at injury in Part I ar Port II at item 18)					
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. Pt. While Not while 10 year. In work of wark	ACE OF INJURY (Hame, form, 20f. (City or town) (County) (State)					
Haur a. m. While Not while to	ctory, street, affice bldg., etc.)					
10 0 (4	0 1 11 00					
21. I certify that I attended the deceased from 8-34	, 19.50. ta 10 11, 1966, that I last saw the deceased					
alive on 10 10 1965, and that death accurred at 3,50 AM, from the causes and an the date stated above.						
ADDRESS (Street, city or lawn, stote) DATE SIGNED						
SIGNATURE / Jerbiand C. K. Jan	M.D. GOX 177 - R.D. H. 4					
PHYSICIAN'S -> +	A					
NAME (Type) Bertrand C.K. CYPU	Cape Sociain Humapolis Md					
22a. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	R CREMATORY 22d. LOCATION (City, lawn, ar county) (State)					
Burial 10/13/66 Druid Ridge	Cemetery Pikesville 8. Md.					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE					
Loring Byers-8728 Liberty Rd. Randall	storm. Mobate OCT 12 1256 Minusely Judge					
	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					



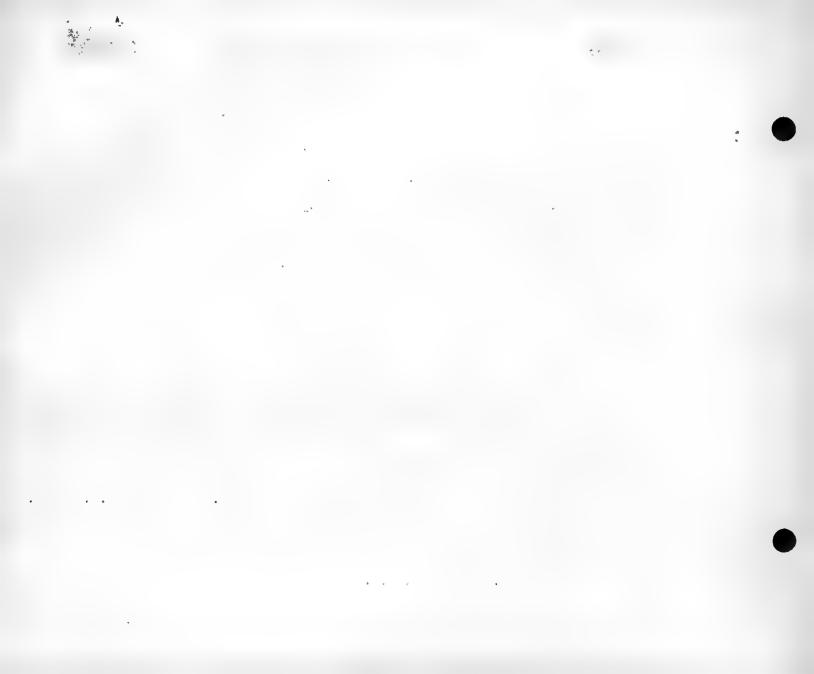
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
0 = = N		E OF DEATH 135	93
funeral and 2 death	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Res	idence before admission)
e f	Anne Arundel MARYLAND	Maryland Anne	Arundel
afft y th ages s af	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL at	nd give nearest town)
in F.	Linthicum	Linthicum	, , , , , , , , , , , , , , , , , , ,
led pers	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
y fill page	301 W. Greenwood Rd.	301 W. Greenwood Rd.	Day Year
The certificate be executed within 24 hours after death aftending hysician and completely filled in by the funeral ermit. Then please remove cabon papers. Pages 1/and 2 on, or removal, and in any event, within 72 hours after death.	3. NAME DF First Middle DECEASED (Type or print) Raymond J. Hill Sr.	Last 4. DATE Month DF DEATH Oct. 23.	Day Year 19 66
omp e ca	5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO	8. OATE OF BIRTH 9. AGE (In years IF UNDER I	YEAR IF UNDER 24 HRS.
ecut nd c movi	Male White WIDDWED OUVDRCED	Feb. 18, 1903 63 yrs.	Days Hours Min.
e re in a	10a. USUAL OCCUPATION (Give kind of work done of the low kind of BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN DF WHAT
certificate be nding physician Then please removal, and i	Clerk Fabric	Balto. Md. U	
Tcat	13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME	
din din	John T. Hill 15. WAS DECEASED EVER IN U. S. ARMEDFORCES? 16. SOCIAL SECURITYNO. 17.	Sophia Dean INFORMANT Address	
ueath c	(Yes, no, or unknown) (If yes give war or dates of service)		
dreth	No 216 32 8522 11 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	rs. Mary A. Hill Same	INTERVAL BETWEEN
by the main sit	PART I. DEATH WAS CAUSED BY:	neumouta	INTERVAL BETWEEN DNSET AND DEATH
that lician ned ll-tra	IMMEDIATE CAUSE (a) DUE TD	0.0	
phys sig surrice	Conditions, If any, which] (b)	m cell sarcina	mem
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of the law requires that the death of the law requires that the Page 4 may be retained by the hospital or attending physician. From this certificate has been signed by the addirector, page 3 should be detached for use as the burial-transit permit should be filed with the State Dept. of Health prior to burial, cremation.	gave rise to immediate cause (a), stating the OUE TD	elastone	
tten tten has as prio	Underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
The lor a ate use	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI 202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCC B CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		YES ND
tN: 1	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCC	CURREO. (Enter nature of injury in Part I or Part II of Item 18.)	
SIC IV			
PHY: the this this deta e De	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, tory, street, office bidg., etc.) (Coun	ty) (State)
NG by be be Stat		(0.10)	
END ined ould the	21. I certify that (i) (this hospital) attended the deceased from 1	at death occurred at \$250 M, from the causes and on the	, that (i) (we) last
ATT reta coro s sh	saw the deceased alive on 10-11-11-11-11-11-11-11-11-11-11-11-11-1	22b. DA	TE SIGNED
ON De CONTRE LE	has I give _M	.o. PHYS. MED. STAFF PHYS.	
ITAL may RAL r. Pa be fi	PHYSICIAN'S NAME (Type)	22d. AOORESS DO DO GOODA	Prince-
DOSP Be 4 UNE UNE		RY OR CREMATORY (23d. LOCATION (City, town or cour	nty) (State)
TO HOSPITAL OR ATTENDIN Page 4 may be retained by To FUNERAL OIRECTOR. Tidector, page 3 should be should be filed with the SS	REMOVAL (Specify)		no Ma
	Burial 10 27 1966 Glen Hav	en 25a. REC'O BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
VR #15 (4)	Mc Cully 130 E. Fort	AVE DATE OCT 25 1966 Octos	la Outro
20M 1/65			0



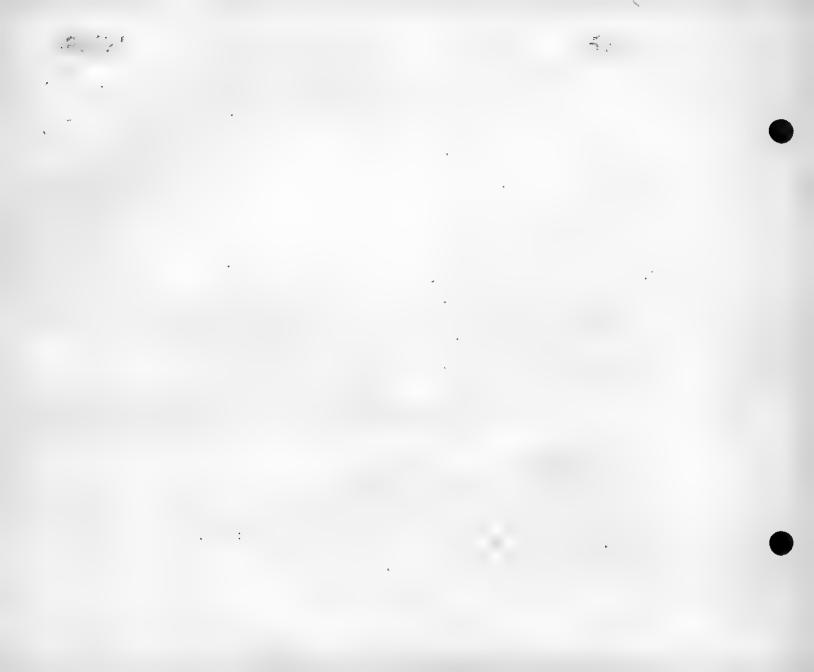
CERTIFICATE OF DEATH 1 PLACE OF DEATH 1 PLACE OF DEATH 1 PLACE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before oc. STATE 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before oc. STATE 3 STATE 4 COUNTY Anne Arundel 5 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to under the purple of th	dm ssion)
O. COUNTY MARYLAND O. STATE Maryland b. COUNTY	dm ssion)
Anne Arundel Maryland Maryland Maryland Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to write RURAL and give nearest town)	
	own)
	C DECIDENCE
d. NAME OF HOSPITA. OR INSTITUTION (If not in hospitol, give street oddress) Crownsville State Hospital Unknown YES	S RESIDENCE ON A FARM?
Crownsville State Hospital Unknown YES	Year
DECEASED #33129 Lulu WA/TERS Hunt OF DEATH 10 4	19 66
SEX 6 ULL RATE 7 MARRIED NEVER MARRIED NO B DATE OF BIRTH 9 AGE (in years IF JNDER YEAR IF	UNDER 24 HRS.
Female White WIDOWED DIVORCED 11/25/84 BI Prinday) Months Doys F	Hours Min
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WI	
1606162 (2602160)	SA
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Robert Hunt Rebecca Hunt	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) Unknown Hospital Records	
PART I, DEATH WAS CAUSED BY.	AL BETWEEN AND DEATH
IMMEDIATE CAUSE (0) ACUTE CONTINUES CIVE REAL FAILURE	
Conditions, if any, which gove) (b) Arteriosclerotic Cardio Vascular Disease	
rise to immediate couse (o).	
last.	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W/	AS AUTOPSY REORMED?
Old Cerebral Vascular Accident	
206 ACCIDENT WAS INDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)	
20c TIME OF INJURY Month, Doy, Year Hour a.m. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(Stote)
pm '' arwork 🗀 arwork 🗀	11\(\frac{1}{4}\), \(\frac{1}{4}\).
21. I certify that (I) (this hospital) attended the deceased from 8/27/, 1966, to 10/4/, 1966, that saw the deceased glive an 10/4/ 19 66, and that death accurred a6:05 M, from causes and on the date s	(I) (We) lost
22b. DATE SIGNED	
M.D. ATTENDING DIRECTOR DIRECT	
22c. PHYSICIAN'S 22d. ADDRESS	
MAME(Type) L. Benedict, M.D. Crownsville, Maryland	
230 BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Jown) (County)	(Stote)
REMOVAL (Specify) Oct 7, 1966 Wooder Ovaker Galesville. Ind	
24. FUNERAL DIRECTOR 4000 574 FUNERAL Home Golesuille IMA DATE OCT 10 1966 Icharles	0
YARDESTY FUNEROL Home, GALESUILE, INIA DATE OCT 10 1966 Johnstey	mage.



1	MARYLAND STATE DEPARTMENT C Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON	
R STATE	13584 MEDICAL EXAMINER'S CERTIFICAT	TE OF DEATH 13595
LTH DEPT.	1 PLACE OF DEATH 2. USUAL RESIDI	ENCE (Where deceosed lived, if institution: Residence before admission) aryland b COUNTY ANNE ARUNDEL
alang with tarm PM3 Page with the State Departmint af within 72 haurs after death.	waste DIDAL and awa passest town	I (If outs de corporate limits, write RJRAL and give nearest town) asadena
e b	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRE	I ON A FARM?
Į	Rte 2 Box 242 Dunde Road Rte.10	Box 257 Lake Shore
Í	3 NAME OF DECEASED (Type or print) Dennis APRAHAM HUTSON	4 DATE Month Doy Year Of DEATH October 30 1966
	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH Male White WIDOWED DIVORCED 2-12-42	9 AGE (in yeors IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Doys Hours Min
	during most of working de, even (fretired)	(State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 6.54.
1)	13 FATHERS NAME 14 MOTHERS M. TOWN TO HAY TO HUTSON, SA MA	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 214-40-6688 M.B. M.B. M. AUL	e Ai Hutson (mother)
matian, or remayal	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Shotgun wound of face	INTERVAL BETWEEN ONSET AND DEATH
	751 X DUE TO	
	rise to immediate couse (a), stating the underlying couse (b) DUE TO (c)	
	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	ASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES 23. NO
	200 EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH Subject shot during alter	
		cation
	20c TIME OF INJURY Month, Doy, Year 20d IN. JRY OCCURRED 20e PLACE OF INJURY (Hom	ne, form, 20f DundelowRoad (County) (State)
-	TO:00 bm TO-20 1.00 Stwark To stwark To	Rt. Z Box Z4Z A.A. Md.
	21. I certify that I took charge of the remains described above, held an Autopsy	
		nicide Undetermined manner
	SIGNATURE Charles J. January M.D. ASSISTAL	REDICAL EXAMINER 22. DATE SIGNED
4	NAME (Type) Charles S. Springate, M.D. Address	MEDICAL EXAMINER LJ October 31, 1960 (Street, city, town, or county)
	230 BUR AL CREMATION, 23b DATE THEREOF THUS 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) NOV: 3 1966 CEDAR HILL CTD.	
		D REC'D BY REGISTRAR 2SD REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death offer-depth and the attending physicion and completely filled in by the funeral sit permit. Then please remove carbon papers. Poges-1 and 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. STATE a. COUNTY b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b CITY OR TOWN (IF outside corporate limits. CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Annapolis Annapolis d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Anne Arundel General Hospital 10 Greenfield Street YES 🖂 NO 🔀 3 NAME OF DATE Lost Doy Year DECEASED OF DEATH 18 19 66 **JOHNSON** October (Type or print) Bertha S. SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED last thdoy) Months Dovs Hours 8 WIDOWED DIVORCED Female Negro IDo USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) **COUNTRY?** INDUSTRY Maryland S. 13 FATHER'S NAME 14-MOTHER'S MAIDEN NAME or remay WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the Health prior ta lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use NO Page 4 may be retained by the haspital or for 20o ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (Stote) 20e. PLACE OF INJURY (Home, form (County) TIME OF INJURY Month, Dov. Year 2Dd. INJURY OCCURRED factory, street, office bldg . etc.) Not While at work of work þ 21. I certify that (I) (this haspital) attended the deceased fram should from causes and an the date stated above saw the deceased alive an 10 and that death occurred SIGNATURE. M.D. PHYS DIRECTOR 22d. ADDRES PHYSICIAN'S NAME (Type) directar, should be 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL CREMATION



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13556 CERTIFICATE OF DEATH CV requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 2 death I. PLACE OF DEATH ANNE ARUNDEL COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) n. STATE **b** COUNTY DEDN3ULLE MARYLAND b CITY OR TOWN (If outside corporate limits, write RJRAL and give negrest town) c CITY OR TOWN (If autside camarate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 vr. 3 mas. a NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? campletely filled in ave carban papers event, within 72 NO F YES NAME OF Middle DATE Day Year DECEASED OF DEATH (Type or print) 66 S SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF JNDER I YEAR MARRIED remave los briliday) Manths -and in any DIVORCED and 10a, SJAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR physician on prease during most of warking life, even if retired) COUNTRY? INDUSTRY Louis. Missouri USA 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME ar remaya. signed by the attending phy burial-transit permit. Then burial, crematian, ar remava ALLEN XTONI WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, na, ar unknown) (If yes give war or dates of service Hospital Records 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN BRONCHO PREUMONIA ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) by the hospital or attending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been prior ta 후 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached far use te Dept af Health ALC DHOLIC INTOXICATIONNEST NO Y HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! directar, page 3 should be detache shauld be filed with the State Dept (City or town) (Caunty) (State) 20e, PLACE OF INJURY (Hame, farm, TIME OF INJURY Month, Day, Year WFD factory, street, affice bldg., etc.) at work 1966that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. Page 4 may be retained 19 lala, and that death occurred at LAM, from causes and an the date stated above saw the deceased glive on. 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR ATTENDING 10/5/66 M.D PHYS 22d. ADDRESS 22c. PHYSICIAN'S Benedict. M.D. Crownsville. Marvland NAME (Type) 23b. DATE THEREOI 23c NAME OF CEMETERY, OR CREMATORY 23d_LOCATION (City or Town) (County) (State) 230. BURIAL, CREMATION REMOVAL (Specify) REGISTRAR'S SIGNATURE **ADDRESS** REC'D BY REGISTRAR 2Sb. 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY Armanda Arme Arundel MARYLANO CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DE STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) nmapolis life Ammapelis 드 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ve carbon papers, event, within 72 h d. STREET ACCRESS e. IS RESIDENCE 24 ON A FARM? D.O.A. Anno Arundel General Hospital 1902 Lincoln Drive YES NOTE etely executed within NAME OF First Middle DATE Last Month Year DECEASED DF (Type or print) WILLIAM JONES MAK THIEY DEATH OCT 19 66 ACE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS. | Iast birthday) | Months | Cays | Hours | Min. 5. SEX and cor 6. CDLDR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED any WIDOWEDLY DIVORCED Oct. 22 -1898 68 드 10a. USUAL OCCUPATION (Cive kind of work done I 10b. KIND OF BUSINESS OR sician lease r and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) death certificate be INDUSTRY COUNTRY? ********* Calvert Co. Md. U.S.A Constrution Laberer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Themas Jenes Reid 15. WAS DECEASED EVER IN U.S. ARMED FORCES? d by the attend transit permit. cremation, or re 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Katherine Chambers-307 West St. Anna. Md. 218-14-3185 been signed by tank the burial-transit for to burial, cremat CAUSE OF DEATH [Enter only one cause per life for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. as ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTDPSY for use Health PERFORMEO? NO M YES [20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II) of Item 18.) MEDICAL 2Dd. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) Hour a.m. Not While p,m. at work at work retained 21. I certify that (I) (this hospital) attended the deceased from that (1) (we) last 3 should with the saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. HITTIAFURE DATE SIGNEO ATTENDING M.D. OIRECTOR FUNERAL PHYSICIAN'S director, p NAME (Type) R St. Amapolis, Md. .L.Richardson 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, (State) REMOYAL (Specify) Davidsenville Davidsenville, Md. Burial Det. 25a. REC'D BY RECISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR AODRESS VR AI5 (4) C.E.Hicks Ill Annapolis. Md. DATE 20M 1/65

12 27 ,

1		MARYLAND STATE D	EPARTMENT OF HEALT DS. 301 W. PRESTON STREE	
4 70 EM	1	13558 CERTIFICATION	TE OF DEATH	13500
after death. the funeral ges 1 and 2 after death.	71.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where de a. STATE Maryland	ceased lived, if institution: Residence before admission) b. COUNTY
after d	l-	Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1)		Anne Arundel porate limits, write RURAL end give nearest town)
S 25 S		write RURAL and give nearest town) Annapolis	Mayo	a er/
filled in papers. Fin 72 hou		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
rted within scompletely filled ve carbon papers event, within 72	_	Anne Arundel General Hospital	Box 153	YES NO X
te be executed within system and completely follows carbon part and in any event, within	3.	NAME OF First Middle DECEASED	Last 4. DATE OF DEATE	Month Day Year
omp e ca vent	5.	(Type or print) William Stanley SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Jones DEATE 8. DATE OF BIRTH 9.	
ecut nd c move	١.	nale white WIDOWED DIVORCED	Nov. 22.1900	last birthday) Months Days Hours Min.
e re in a	10	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State	or foreign country) 12, CITIZEN OF WHAT
cate be ophysician please var and in	uni	grocer - retail own business	Davidsonville.	Md. USA
D by	13	grocer - retail own business FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		Villiam Edward Jones	Edith May Fdw.	
the death certificate be n. by the attending physician mist permit. Then please mation, or remove, and in	(Y	s, no, or unknown) (if yes give war or dates of service)	. INFORMANT	Address
dea he a peri	-		Mrs.Leila E. Jones	same as #2 above
the by the sit small		18. CAUSE OF DEATH [Enter only one cause pec line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARAPKAKY (A)	Catalle Dine	INTERVAL BETWEEN ONSET AND DEATH
that sician gned l al-trai			Mary Hillar	200
physical signaturian		Conditions, if any, which) DUE TO Contered self	Crobe, Heart	Wesesel unknown
ing ing the best of the best o		gave rise to immediate (cause (a), stating the DUE TO		
tend as b	Z	underlying cause last. (c)		
The late hate hate hate hate	ATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CON	PERFORMED?
M. Ti tal o fifica for Hea	읦	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature of Injury in P	YES NO Part II of Item 18.)
OR ATTENDING PHYSICIAN: The law requires that the deat be retained by the hospital or attending physician. HIRETIOR: After this certificate has been signed by the atge 3 should be detached for use as the burial-transit perned with the State Dept. of Health prior to burial, cremation.	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Annual factor tracers of vilaily in I	.,,
he h	ICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm, 20f.	(City or town) (County) (State)
NG P by t fter be d state		Hour a.m. While Not While p.m. 19 at work at work	ctory, streat, bilica bidg., etc.)	
ATTENDIN retained L CTOR: Aft should b		21. I certify that (I) (this hospital) attended the deceased from	5-3, 1966, to.	10-27, 1966, that (1) (we) last
sho sho			nat death occurred at 939 AM, fr	om the causes and on the date stated above.
De r		The holy and	A.D. ATTENDING MED. DIRECTOR	STAFF 10-29-66
nay AL D pag e file		22c. PHYSICIAN'S	A.D. PHYS. DIRECTOR (PHYS.
HOSPITAL age 4 ma) FUNERAL rector, pa ould be fi	1	NAME (Type) William P. Stephens, M.D.	38 Cornhill St.	, Annapolis, Md.
TO HOSPITAL OR ATTENDING PHY Page 4 may be retained by the TO FUNERAL DIRECTOR, After this director, page 3 should be detained by the State D	23	REMOVAL (Specify)		OCATION (City, town or county) (State)
E E " R	77	Burial 10/31/66 Edwards Char	cel Cometery R	1 V2 STRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	2.4	Beveraleyector Hopping HOPPING FUNERAL HOME Annapolis, Md.	1/2007 101/ 1	1
15M 4-64	_	HOFFING FUNCTAL HOURS AMERICAN, MAR	DATE NOV 1	1966 Marley Judge
				M W

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Mr.

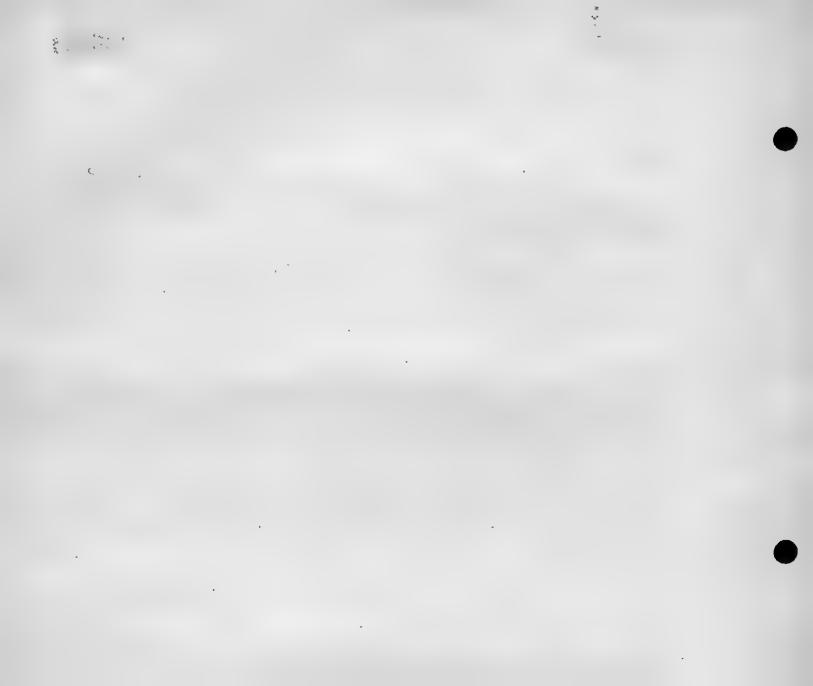
1 3	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13582
HEALTH DEPT:	
IIM/IEIII DEI II	a. COUNTY b. COUNTY b. COUNTY
the period	MARYLAND D. CHTY OR TOWN (If outside corporate limits, c, LENGTH OF STAY IN 1b c, CLTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
necessary, the funeral 5 may be bepartment fter death.	b. CLTY OR TOWN (if outside corporate limits, prite RURAL and give nearest town) C. CLTY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
the funeral, the funeral 5 may be 5 may be 0.00 Department death.	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
delay is necessary, and 3 to the funeral Page 5 may be State Department hours after death.	5/25 4 XX (\$11119)/(C) 5/25-4 XX. YES NO NO
dela 3. P	3. NAME OF DECEASED FIRST H Middle Last 4. DATE Month Day Year
any c 2, an PM3.	(Type or print) 1966
th. If alges 1, 2 form P	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
Page th fee	10a. USUAL OCCUPATION (GIVE kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLAGE (State or foreign country) 12, CITIZEN OF WHAT
ive Pagive Pagiv	during most of working life, even if retired) INDUSTRY
ours aftern 18. Glee along pages 1 in any	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
our Jour Jour Jour Jour Jour Jour Jour J	anne Wallams Lowell Kleit
24 horn tem Office File (16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Feb. 10, or unknown) (If yes give war or dates of service)
J within 2 pencil în miner's 0 permit. F	213/6,4592 (6000000000000000000000000000000000000
d wi	18. CAUSE OF DEATH [Enter only one cause per line to (a), (b), and (c), 1) PART I. DEATH WAS CAUSED BY:
Ex. Ex.	IMMEDIATE CAUSE (a) October Courses
exe ndin dical al-tra ation	Conditions, If any, which) DUE TO Cohully
ould be executed rd "pending" in nief Medical Exan s a burial-transit al, cremation, or e	gave rise to immediate cause (a), stating the DUE TO
houl ord hief hief s a	underlying cause last. (c)
AL EXAMINER. This certificate should be executed within 24 hours after death. If any delathe certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and I should be forwarded to the Chief Medical Examiner's Office along with form PM3. Ir files. STOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the St designated agent, prior to burial, cremation, or removal, and in any ment within 72 ho	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN (N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.
iffical the to the to the to the	YES NO YES 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
ded by prio	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
R: This certiff ate, writing forwarded to 3 should be agent, prior	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
icate of form	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. (City or town) (County) (State) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. (City or town) (County) (State) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20g. PLACE OF INJURY (Home, farm, factor
IMIN ertif id bi Page	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection
should files.	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
e the our	ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGNED
ry MEDICA execute the Page 4 I for your AAL BIREC	SIGNATURE M.D. DEPUTY MEDICAL EXAMINER
	EXAMINER'S F. LINGAROT. Address (Street, city, town, or county)
o DEPUTY please e) drector. retained 0 FUNERA of Health	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, EOCHTION (City, town or county) (State)
5 2 2 5 2	13 Mac 101 5 1960 5 Wall Jack of the state of the personal of the state of the stat
VR A15ME	The state of the s
3500 4-64	Walkam Reesett. W. Market Date UCT 10 1000 generals made



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTI OF DEATH	13600
/	1. PLACE OF DEATH ANNE ARTHUR	. USUAL RESIDENCE (Where dacensed lived,	If institution, Residence before adm
ı	a. COUNTY Add to the the	B. STATE waveland b. CO	UNTY 1 1 -
l	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, v	
I	write RURAL and give neeres! town) Gen Burrie,	Glen Bworie.	
l	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS	. IS RESID
ı	101 COUNTRY CLUB DRIVE	101 Country Olub Drive	ON A F
	3. NAME OF First Middle	Lost 4. DATE Me	onth Day Yaer
	(Type or print) Anna M	Kelly DEATH OC	t. 11, 1960 19
	A MOUNTED THE MOUNTED	ATE OF BIRTH 9 AGE (In ya	ars IF UNDER 1 YEAR IF UNDER 24 y) Months Days Hours
ı	Female wh widowed PCC DIVORCED [] 200	an 4 1894 72 yrs	Months Days Hours
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foraign count	ry) 12, CITIZEN OF WHAT CO
	_ Home	Maryland	1_
ł	13. FATHER'S NAME	MOTHER'S MAIDEN NAME	
١	CONRAD NICITE	HINKEL	
4	(Yes, no, or unkown) (Ifyes give war or datas of service)	ORMANT Add	ress
		Nearney 101 Jountry (lud	Dr. Glen Burrie,
ı	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY:	2.00 51.	ONSET AND DE
	IMMEDIATE CAUSE (a)	DEELEV_ Shark	- L-37
I	TTU A DUE TO () LIVIS	-	3-4
ı	Conditions, if any, which gave risa to immediate causa		
	(e), stating the undarlying DUE TO		
ı		RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AU
	<u> </u>		PERFOR
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECOMMENDED TO THE PROPERTY OF THE PROPERT	(Entar nature of injury in Part I or Part II of Item 18.	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
ı	ZDc. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE	OF INJURY (Home, farm, 20f. (City or town)	(County) (S
l	ZDc. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE Hour a.m. While Not While factory,	, straat, office bldg., etc.)	
ı	21. I certify that (I) (this hospital) attended the deceased from	na 1961, 10/6/11	
		eath occurred at 3.1.M, from the cause	
I	22a. SIGNATURE		22Ь.
	Charles & Dall M.D.	PHYS. DIRECTOR PHYS.	16/17/60
	22c. PHYSICIAN'S NAME (Type)	22d. ABDRESS	52 1
	V	Xmhole	1/200
ı	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify)		
	Burial New atheath	Cem Baltimon	
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
1	Thomas firency Inc 1600 Hollins Balto. 11d.	23 DATE UL 3 ICLO	The same



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) COUNTY by the and 2 death, b. CITY OR TOWN (if outside corporate limits, write RURAL and give neeres) lown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress IS RESIDENCE ON A FARM? completely papers. YES NO NO 72 3. NAME OF 4. DATE DECEASED OF _ (Type or print) DEATH 1966 withir A77770 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers and 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & Slete, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) Then please E 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), INTERVAL BETWEEN ONSET AND DEATH ö PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (e) Acute Heart Failure davs **DUE TO** attending Coronary Occlusion, Acute 3 davs Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying Rheumatic calcific aortic stenosis detached for use as the t. of Health prior to buri the hospital or After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS CERTIFICATION PERFORMED? Diabetes, cirrhosis, diverticulosis NO A 20a. ACCIDENT WAS UNDERLYING 2Db, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTR BUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ! 2Df. (City or town) lectory, street, office bldg., etc.) While Not While Hour e.m. DIRECTOR: et work et work Oct. 1966, that (1) (last 21. I certify that (I) (this hospital) attended the deceased from May saw the deceased alive on Oct. 1 1966, and that death occurred at 45PM rom the causes and on the date stated above. 22e. SIGNATURE 22b. DATE 10-26-66 SIGNED MED. STAFF HOSPITAL page with # FUNERAL DIRECTOR PHYS. PHYS. Page 22d. ADDRESS 22c. PHYSICIAN'S director, be filed NAME (Type) . Smallwood Rd., Pasadena, Md. Earl Hill 23d. LOCATION (City, lown or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0 D REMOVAL (Specify) 24 EUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 2DM S-63



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH d in by the funeral is. Pages 1 and 2 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY Anne Arudel Marvland MARYLAND Anne Arudal b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Severna Park Severna Park papers. iin 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS ON A FARM? Route 1. Box 5. Jones Station Road Rt. 1. Box 5. Jones Station Rd. NO X YES T completely carbon 3. NAME DE Middle DATE Month DECEASED 1966 21 DEATH October (Type or Drint) ALBERT REYNOLDS KING and con emove any eve 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED last birthday) Months | Days White Oct. 25, 1897 Male WIDOWED X DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? that the death certificate be Watchman Fertilizer Phant Maryl and USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alonzo J. King Ada Virginia Reynolds 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) transit perm cremation, Yes Edith O. Morris. 1 Dunkirk Road Balto 21212 been signed by the the burial-transit p or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Page 4 may be retained by the hospital or attending physician. 14.17 DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. certificate has 38 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part i or Part II) of Item 18.) detached f After this (State) 20c. TIME OF INURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (i) (this-hospital) attended the deceased from Quantum 12 70 OIRECTOR: / age 3 should iled with the M. from the causes and on the date stated above. saw the deceased alive on. 19 (c. (a. and that death occurred at. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. MED. E I director, pa 22d. ADDRESS PHYSICIAN'S NAME (Type) Dr. Ray Smith Building, Ritchie Hwy. Anne A. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Soccify) Woodlawn, Balto Co. Md Woodlawn Cemetery 254. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Halls Md. Balto. Md. VR ALS (4) 20M 1/65



13562	WEI	DICAL EXAMINER'S	CERTIFICATE O	F DEATH	13603
1 PLACE OF DEATH 0 COUNTY			2 USUAL RESIDENCE (Where deceased year, if institution in COUNT	
Anne Arundel		MARYLAND	Maryland		Arundel
b CITY OR TOWN (If outside a write RURAL and give near	arparate limits, est town)	c LENGTH OF STAY IN 16	i	its de corporate limits, write RJRA	
Glen Burnie d NAME OF HOSPITAL OR NST	TITLE OF ALL		Millersvi	rlle	U 2 - /
North Arunde			Box #398		ON_A_FARM?
NAME OF	First	Middle	Lost	4 DATE Month	YES NO Doy Year
DECFASED (Type or print)	JOHN	N.	KIPP	OF 10	5 19 66
	OR RACE 7 MARRIED		B. DATE OF BIRTH	9 AGF (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
Male Wh	ite WIDOWED		7-23-90	lost birthday) 76 yrs	Months Doys Hours Min.
USLAL OCCUPATION (Give kind (in) most of working life, even if	of work done 10b	KIND OF BUSINESS OR NDUSTRY	11 BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
STORE OWH		OWN	177	04.	CODMIKT
13. FATHER'S NAME	- 1-1	7	14 MOTHER'S MAIDEN	NAME	
	edekick		1		
(Yes, no or unknown) (If yes give		SOCIAL SECURITY NO 17	INFORMANT / 9 //	mily day	RE
IB CAUSE OF DEATH (Enter	r only one couse per line fo	or (o) (b), and (c))			INTERVAL BETWEEN
PART I DEATH WÀS CA	USED BY HY LEDIATE CAUSE (6)	pertensive an	d arteriosc	lerotic	ONSET AND DEATH
443X	DUE TO	cardiova	scular dise	ase	
Conditions, if ony, which gov	1 (0)				
stoting the underlying cou-					
DADY II. OTHER SIGNIES CAN'T	(0) [0]	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO.	IDITION CATEN IN DARK 1/1	YZGOTIJA ZAW 91
Laceratio		TO DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE CO	ADITION G VEN IN PAKT T(0)	PERFORMED?
200 EXTERNAL CAUSE WAS		DESCRIBE HOW INTURY OCCURRED) (Enter noture of injury in	Part I or Port II of item 18.1	YES KX NO
PR MARY ar CONTRIBUTING	Dr:	iver of auto	which struck	k rear end of	another auto.
AG I ME OF INJURY Month	, Doy, Year 20d		ACE OF INJURY (Home form		(County) (State)
10:50 pm 10	E 66 Wh	e Not While A Hi	ctory, street, office bldg , etc. Shway- Benf	ield Blvd.&kt.	3 AA Md.
21. I certify that I	taak charge af the re	moins described above,	neld an <u>Autapsy</u> X ,	inspection [], Inqui	ry 🔲 - and in my opinio
death resulted fram	Natural couses [🔲, Accident 🗷, Su	icide 🔲, Hamicide	the state of the s	nner 🗌
ACTUAL (%)	10	() -	CHIEF MEDICAL		22. DATE SIGNED
SIGNATURE	0.5	Stell	M D ASSISTANT MED DEPUTY MEDICA	ICAL EXAMINER TY	
EXAMINER'S NAME (Type) CHA	RLES S. SPR	INGATE, M.D.		t, city, town or county)	10-6-66
230 BUR.AL, CATEMATION,	236 DATE THEREOF	23c NAME OF PEMETERY O		23d LOCATION CTTY or Town	n) (County) (Stote)
				1 1	1
REMOVAL (Spenify) 24 JUNERAL DIRECTOR	eg 8466	ODDREST	41018		ISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13804 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. funeral 1 apel PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) D. COUNTY o. STATE Mary land b. TOLINTY Anne Arundel and completely filled in by the fur s remave carban papers. Pages 1 in any event, within 72 haurs after, MARYLAND Anne Arundel b CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Glen Burnie Glen Burnie. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? #109 First Ave... North Arundel Hospital YES NO 🔀 D.D.A. 3. NAME OF Middle Lost 4 DATE First Month Doy Year DECEASED KUPPF OCTOBER 1966 (Type or print) ELIZABETH MAGDELEN DEATH IF JNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (n years 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Dovs Hours WIDOWED DIVORCED White May 18, 1903 Female 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY Win Home COUNTRY? Shenandoak . Pennsy. Housework ПШП 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Grosskettler Ida Beck Joseph ar rem 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Mr. Adolph J. Kuppe (husband) Same As signed by the atter burial-transit permi burial, crematian, a unknown CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept, af Health priar ta lost PHYSICIAN: The law PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (City or town) 20c TIME OF INJURY Month, Doy, Yeor Hour a.m. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (Stote) Not While factory, street, office bldg., etc.) of work TO HOSPITAL OR ATTENDING of work 21. I certify that (1) (this hountal) attended the deceased fram (3.0) , 19___, that (I) (we) last 19 6.6 ta be retained directar, page 3 shauld shauld be filed with the 1966, and that death occurred at 2200 M, fram causes and an the date stated above. saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23o. BURIAL CREMATION, REMOVAL (Specify) October 13/66 Holv Cross Cemetery Brooklyn, RFO, Maryland 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. EUNERAL DIRECTOR Singleton Funeral Home liarles VR A15 (4) 20 M 1/66 DATE Glen Burnie, Md. eton.

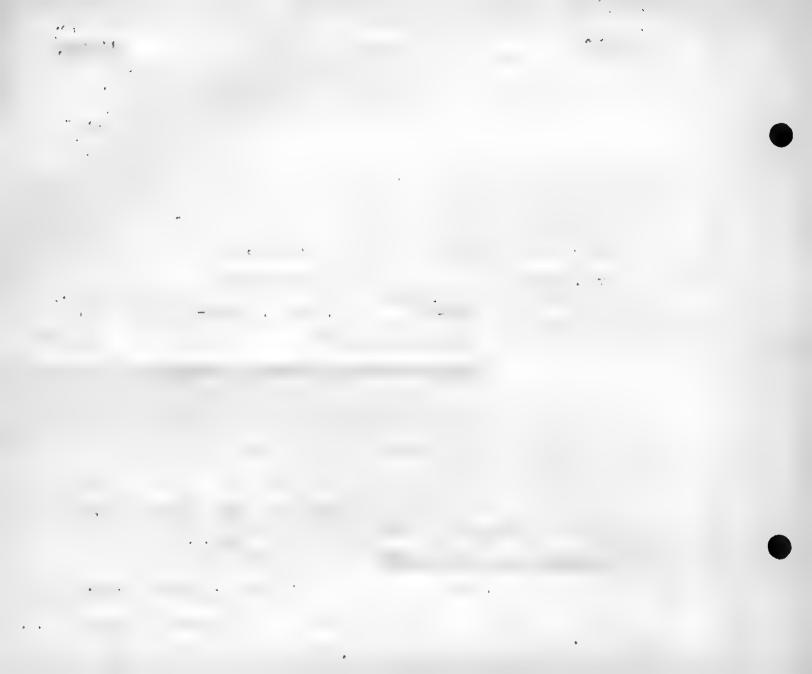


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13805 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) and campletely filled in by the funeral scenove carban papers. Pages 1 and b. COUNTY o COUNTY o STATE Maryland Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate amits, write RURA, and give nearest town) Annapolis 66 days Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS 61 Amos Garrett Blvd. Anne Arundel YES NO D Middle NAME OF First DATE Month LOST Doy Year DECEASED 19 66 Martha Leitch **Priscilla** 10 (Type or print) DEATH IF UNDER 24 HRS DATE OF BIRTH AGE (In years IF UNDER 1 YEAR S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED oirthdoy) Months Dovs Hours WIDOWED 3 11-1-82 **W**hite DIVORCED Female 100 USUA, OCCUPATION (Give kind of work done during more of working life, even if refired) KIND OF BUSINESS OR BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 10b COUNTRY ' **NDUSTRY** 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAME crematian, or remay INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO Address (Yes, no, or unknown) [(If yes give wor or dotes of service IB. CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY. signed by the burial-transit p IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending this certificate has been the th lost WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour am. foctory, street, office bldg , etc.) Not While ot work O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram L saw the deceased alive an 30 SEPT 1966, and that death occurred at AM, fram causes and an the date stated abave. 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. directar, page 3 shauld be filed v 22d. ADDRESS NAME (Type) 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) BURIAL, CREMATION: 23b. DATE THEREOF (State) 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13806 CERTIFICATE OF DEATH hours after death. The low requires that the death certificate be executed within 24 hours after death and completely filled in by the funeral remove carban papers. Pages 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH a. COUNTY n STATE b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND c CITY OR TOWN (If autside carparate limits, write RURA, and give nearest tawn) b CITY OR TOWN (f autside carparate imits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Anne Arundel General Hoppital 195 Duke of Gloucester St. YES NO IX 3 NAME OF Middle Enst DECEASED (Type or print) OF DEATH Jacqueline. Bailey LEONARD 1966 October IF UNDER 1 YEAR | IF UNDER 24 HRS S SEX 6 COLOR OR RACE B DATE OF BIRTH 9 AGE (In years 7. MARRIED NEVER MARRIED last birthday) White WIDOWED DIVORCED September 21, 1927 39XX yrs Female 10a USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired) 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY Teacher Public School Patterson. New Jersey U. S. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ethel Bailev Harra M. Leonard IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 700 Amerianca Dr.. (Yes, na, ar unknown) (If yes give war ar dates of service) Mrs. Ethel B. Leonard- Annapolis, Md. no INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c)) burnal-tronsit ONSET AND DEATH PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO ARCINOMA OF BREAST, METASTATIC Conditions, if any which gave rise to immediate cause (a), DUE TO stating the underlying cause this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO Page 4 may be retained by the hospital or ٥ 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED factory, street, office bldg, etc.) Not While TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram DEC 12-1856, 1021007 19.66 that (I) (we) last saw the deceased alive an 20 OCT 19 66, and that death accurred a M, fram causes and an the date stated above 22b. DATE SIGNED ATTENDING PHYS DIRECTOR M.D. 22d ADDRESS NAME (Type) Edward S. Beck Franklin St., Annapolis, Md. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. 8URIAL CREMATION. (County) 10/24/66 Gedar Lawn Cemetery Patterson Passaic
25b. REGISTRAR'S SIGNATURE 25o, REC'D 8Y REGISTRAR Bever TerroE. Hopping VR A15 (4) Miarien Annapolis, Md. 1966 HOPPING FUNERAL HOME 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13607 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death puo 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundal
c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (f outside carporate mits, C LENGTH OF STAY IN 16 write RURAL and give nearest town)
Rural - Lansdowne Life Rural - Lansdowne d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO TO 3520 Annapolis Rd. 3520 Annapolis Rd... 3 NAME OF DECEASED 4. DATE Month 19 66 HELEN LEPKA October (Type or print) M. DEATH S SEX B. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthdoy) Doys White WIDOWED T April 28, 1908 DIVORCED Female 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Beltimore, Mi.

14. MOTHER'S MAIDEN NAME Tavern Tavern Keeper

13. FATHER'S NAME Trautfelter Harry H. Berman IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. WAS DECEASED EVER IN U.S. ARMED FONCES:
(Yes, no, or unknown) (If yes give wor or dotes of service)
215-24-5359 16. SOCIAL SECURITY NO. 17. INFORMANT Walter H. Williams - 3608 Annapolis Rd. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the buriol-transit p PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO 200 Conditions, if ony, which gave rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 moy be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? for use YES 🔲 NO 200 ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS MED.
DIRECTOR STAFF PHYS. Oct. 7,1966 22d, ADDRESS 22c. PHYSICIAN S NAME (Type) 2301 Annapolis Rd. Dr. Paul Schonfeld director, should 230 BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Holy Redeemer Cemetery | Baltimore Md.

ADDRESS | 250. REC'D BY REGISTRAR | 25b. REGISTRAR S SIGNATURE Oct. 8.1966 24. FUNERAL DIRECTOR VR A15 (4) George J. Gonce - 4001 Ritchie Hgwy., Baltimore DATE OCT 10 1966 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13868 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death by the funeral bages I and S haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution PLACE OF DEATH p. COUNTY COUNTY o. STATE MARYLAND Anne Arundel b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Glen Burnie Glen Burnie 5 days d 'NAME OF HOSPITAL OR INSTITUT ON (if not in hospital give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Rt. 2, Box 509 North Arundel General Hospital YES NO. 3 NAME OF Midd e Last DATE Month Day Year campletely DECEASED WALTER LINK 15 19 66 October DEATH (Type or print) IF UNDER 24 HRS 9. AGE (In years IF UNDER 1 YEAR S SEX 8 DATE OF BIRTH 6 (OLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthday) emove White DIVORCED May 15. 1889 Male WIDOWED 10a JSJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? H.S Retired United Mine Worker Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remov James Madison unknown 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO **Address** (Yes, na, ar unknown) (If yes give war ar dates of service) James Link (same) 236-07-5800 signed by the atter burial-transit permits burial, cremation, o INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO Conditions, if any, which gave nse ta immediate couse (a). DUE TO stating the underlying couse (d) WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO TO FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour am. factory, street, affice blda., etc.) Not While 21. I certify that (I) (this hospital) attended the deceased fram 10-10, 1966, to 10-15, 1966, that (I) (we) last saw the deceased clive an 10-14-1966, and that death occurred at 535 BM, fram causes and an the date stated above. director, page 3 shauld shauld be filed with the be retained saw the deceased olive an 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** MED. 10-15-6 8 M.D. 22d Page 4 may t 22c PHYSICIAN'S NAME (Type) ≥ 23C. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23g. BURIAL CREMATION. 23b DATE THEREOF (County) REMOVAL (Specify) Oct. 18.1966 West Virginia Burial Ward Cemetery 25b REGISTRAR'S SIGNATURE REC D BY REGISTRAR 24 FUNERAL DIRECTOR liancer 1966 VR A15 (4) George J. Gonce-LOO1 Ritchie Hgwy. Baltimore 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 requires that the death certificate be executed within 24 havrs after death by the funeral Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY ne Arundel b. COUNTY Anne Arundel MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 40 Yrs. Dorsey e IS RESIDENCE d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? Rt. 2 Box - 358 (Dhio Ave.) Rt. 2 Box - 358(Dhio Ave.) carban 4. DATE 3 NAME OF Middle Month First Lost Doy DECEASED 31 1966 JAMES PHILIP LITTLE DCT. (Type or print) DEATH S SEX B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** 7 6 birthday) Hours 26 March 1890 White Male WIDOWED DIVORCED 11. BIRTHPLACE (County & State, at foreign country) 12. CITIZEN OF WHAT 10a USJAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR U.S.A. during most of working life, even if retired) Gen Motors Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remaya Thomas Little Unknown 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no. or unknown) (If yes give war or dotes of service) Blanche S. Little -Same as # 216-09-8681 burial, crematian, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) signed by the burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) by the haspital ar attending physician. **DUE TO** Canditians, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse as the priar to IO FUNERAL DIRECTOM: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) etached far use Dept. of Health NO I 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (State) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Harne, form, 20c. TIME OF INJURY Manth, Day, Year Hour a.m factory, street, affice bldg , etc) Not While ot wark L at work 21. I certify that (1) (this haspital) attended the deceased fram 1964, to 400 (and that death accurred at 3 30 M, from causes and an the date stated above (-3/19 saw the deceased alive an... 22b DATE SIGNED 220. SIGNATURE STAFF PHYS. **ATTENDING** M.D DIRECTOR PHYS. director, page shauld be filed 22d ADDRESS 22c. PHYSICIAN'S 569 Main Elkridge, Maryland NAME (Type) Bruce B. Brumbauch 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BUR AL, CREMATION, REMOVAL (Specify) 23b. DATE THEREO! HOWARD CO. Maryland
REGISTRAR 25b. REGISTRAR'S SIGNATURE Zion Cemetery 25o. REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Singleton Fureral Home/Glen Burnie, Md. Charles

* V

FOR STATE HEALTH DEP

TO DEPUTY HISTORY IN CALL EXAMINER: This certificate should be executed within 24 hours after death. If any it is necessary, rificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fundation. Page 4 should be towarded to the Chief Medical Examiner's Office along with form PM3. Togge 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

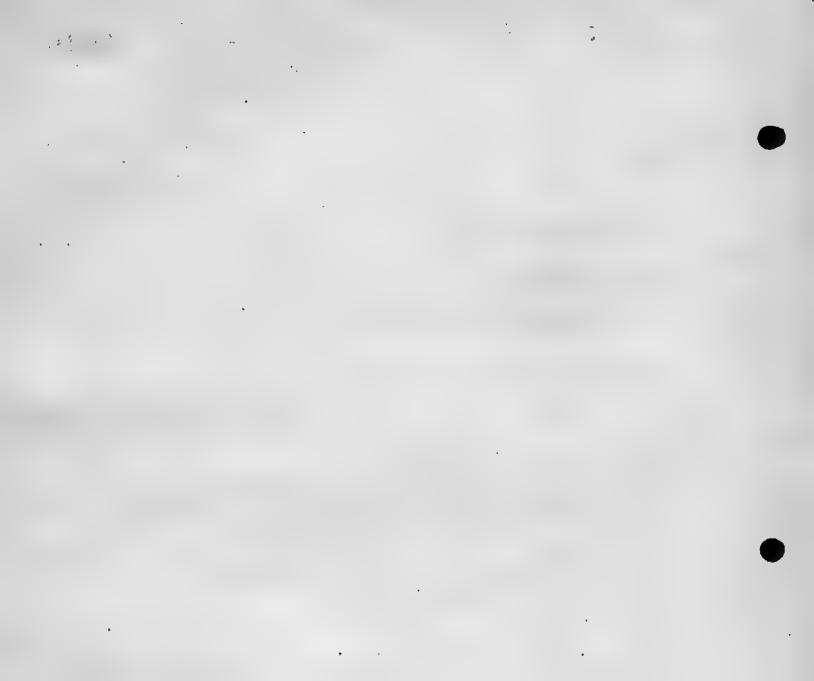
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13510 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13610

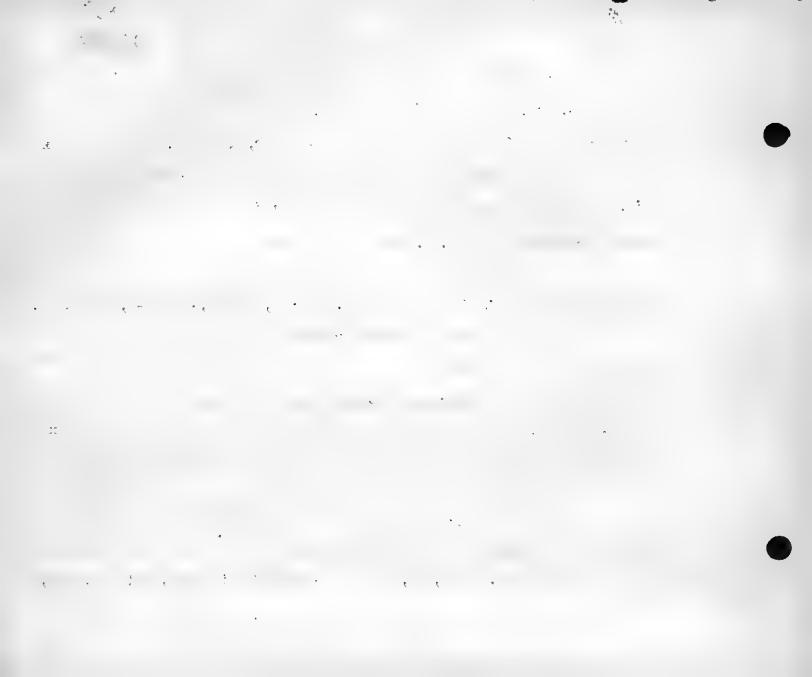
1. PLACE OF DEA	ITH	2. USUAL RESIDENCE (Where deceased lived, if Institution: Reside	
a. COUNTY Ann	ie Arundel Manylani	, . STATE Maryland b. COUNTY Anne A	Arunde1
write RURAL	N (if outside corporate limits, c. LENGTH OF STAY IN 1 and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	a nearast town)
	EN Burnie SPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS WILLOWDALE STFERNDA	TH - IS DESIDENCE
			ON A FARM?
	h Arundel General Hospital	442 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X YES NO
3. NAME OF DECEASED	First Middle	Lasi 4. DATE Month Day	,
(Type or print)	CHARLES XX R.	MAGERKURTH DEATH 10 14	4 1966
5. SEX	6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR	R IF UNDER 24 HRS.
Male_	White WIDOWED DIVORCED	1-7-1903 63 KX yrs. Months Days	Hours Min.
	ATION (Give kind of work working life, even if retired) ICIAN BERT MACHINE CO.	100	OF WHAT COUNTRY?
13. FATHER'S NAME	DELLE TRICKLE	1 MARYLAND 1 U.S.A	
	CHARLES R. MAGERKURTH	ANNA C HIRIN	
	EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Hyesgivewarordatesofservice)		
NONE		S. GOLDIE M. MAGERKURTH, 442 WILLOW	DALE STREET
	F DEATH [Enter only one cause per line for (a), (b), and (c).)		NTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia		
	DUE TO		
Conditions, if a	0 1 11		
gave rise to imm	redieta cause		-
(e), stating the	undarlying DUE TO		
cause last.	J (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)	19. WAS AUTOPSY
PARI II. OI	HER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION SITEN IN PART 1(4)	PERFORMED?
5			YES NO X
PART II. OT 20e. EXTERNAL PRIMARY Sor CAUSE OF DEAT	CONTRIBUTING 20b, DESCRIBE HOW INJURY OCCURE). (Enter nature of injury in Part I or Pert II of Item 18.)	
CAUSE OF DEAT	Inhaled lawn mow	er's exhaust fumes	
20c. TIME OF II	NJURY Month, Day, Year 20d, INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(Stata)
Hour a.s	m. 19 at work st work X	factory, street, office bldg., stc.) Anne Arut	ndel Md.
	that I took charge of the remains described above,		d in my opinion
			id in my opinion
death resulte	d from: Natural causes Accident S	uicide X, Homicide , Undetermined manner	
	V(1/5, 7)	CHIEF MEDICAL EXAMINER	
SIGNATURE.	10 allenia	M D. ASSISTANT MEDICAL EXAMINER 🔀	DATE SIGNED
EXAMINER'S NAME (Typa)	Rudiger Breitenecker	DEPUTY MEDICAL EXAMINER	10/15/66
	TION, 226, DATE THEREOF 226. NAME OF CEASTERY	Address (Street, city, lown, or county) OR CREMATORY 22d. LOCATION (City, lown, or country)	(State)
REMOVAL (Spec	10-18-66 WESTERN CEM		ARYLAND
23. FUNERAL DIRECT		248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNA	
		21229 DATE OCT 19 1966 Scharle	Judge
DOWARD H.	HUBBARD, 4107 WILKENS AVENUE	21229 DATE	1 1



1	MARYLAND STATE Division of STATISTICAL RESEARCH AND RECOR	DEPARTMENT OF HEALTH DS. 301 W. PRESTON STREET, BALTIM	ORE 1. MARYLAND
FOR STATE	13611 MEDICAL EXAMINER	S'S CERTIFICATE OF DEATH	13611
HEALTH', DEPAY.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If	Institution: Residence before admission)
The sale	Anne Arundel Marylani	B. STATE b. COUN	
F. Pa files Heal	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN		
of of	write RURAL end give neerest town) Pasadena	Pasadena	
oard Jard	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS	0. IS RESIDENCE
Boas B	North Arundel Hospital	Main & Crook Dd	ON A FARM?
fur sine sith.	3. NAME OF First Middle	Main & Creek Rd.	
the the de	(Type or pnat) SANDRA LEE	OF	
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	LIATTE	4 19 66 IF UNDER 1 YEAR IF UNDER 24 HRS.
dead 3		8/25/1044 lost birthdey)	Months Days Hours Min.
16 2 a a b o b o b o b o b o b o b o b o b o	Female White WIDOWED DIVORCED	STRY 11. BIRTHPLACE (State or foreign country)	
1,2 1,2 an an	done during most of working life, avan if retired)	SIRI 71. DIKITIPLACE (Sieta of toreign country)	12. CITIZEN OF WHAT COUNTRY?
rin in	Housewife	Maryland	U.S.A.
M3 M3 Wiff	IJ. FAIREKS NAME	14. MOTHER'S MAIDEN NAME	
PINE E	Robert Ravel	Maher	
200 N	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (Iflyasgive were released service)	. INFORMANT Address	
SEE E	None None	Frank Malle Jr. As	Above
Partie de la constant	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
i lici	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Massive Pulmonary	Embolism	
L Pe	9 F . X DUE TO		
Pari Seri	Conditions, if any, which \ (b) Gunshot wound of a	ıbdomen	
A D S D D	geve rise to immediate cause DUE TO		
cate in a d as or	ceuse last.		
Xan Voi ion,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	
S Co	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		PERFORMED? YES X NO (-)
Sed of Walter		. (Entar natura of injury in Part I or Part II of Hem 18.)	
E St. A. St. St. St. St. St. St. St. St. St. St	200. EXTERNAL CAUSE WAS PRIMARY & or CONTRIBUTING Apparently shot	self	
TINE find hief e 3 buri		PLACE OF INJURY (Home, farm, 1 20f. (City or town)	(County) (State)
Pag of	A Hour e.m. White Not White	factory, street, office bldg., etc.) Pasadena	Anne Arundel Md.
X 호투유 및	21. I certify that I took charge of the remains described above,		v 🗇
H 42 T 25 .			
forwarded forwarded agent,	Accident 1011.		anner [_]
Tward DIRE	ACTUAL (1)	CHIEF MEDICAL EXAMINER	
of the nate	SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EUTY 1 exaculta be fi NERAL designal	examiner's NAME (Type) Rudiger Breitenecker, M.D.	DEPUTY MEDICAL EXAMINER	10/5/66
DEPUTY I	NAME (Type) Rudiger Breitenecker, M.D.	Address (Street, city, town, or county) OR CREMATORY 22d. LOCATION (City, town.	
	REMOVAL (Specify)		A. 404(113) (31916)
5 2 4 5 g	Burial 10/8/66 Louden Pa	Ark Cemetery Baltimore	Md STRAR'S SIGNATURE
VS. A15ME ()	Raymond C. Fink Glen Burnie,	Md. DATE OCT 10 1956	Milayles Judge
V			



D	1 M	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA CERTIFICATE OF DEATH 13612	RYLAND
	deal and deal		1. PLACE OF DEATH a. COUNTY ANNE ARUNIDEL 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence as STATE MARYLAND b. COUNTY ANNE	dence before admission) ARUNDEL
	ours after in by the f Pages 1 cours after		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) FORT GEO G. MEADE MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and SEVERN SEVERN	d give nearest town)
	e be executed within 24 hours is sician and completely filled in by lease remove carbon papers. Pagand in any event, within 72 hours		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) KIMBROUGH ARMY HOSPITAL Route #2, Box 241-A	e. IS RESIDENCE ON A FARM? YES X NO
	d withii mpletely carbon ent, wit		3. NAME DF First Middle Last 4. DATE Month DF DECEASED (Type or print) WILLIAM Mc CARTY DEATH OCTOBER 18	Day Year 19 66
	executed within and completely remove carbon any event, with		MATTE MIDOMED DIVORCED STATE TISTO	ays Hours Min.
	icate be o	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Retired Serviceman U.S. Army Alabama USA	ZEN OF WHAT NTRY?
	death certificate be ne attending physicia permit. Prefit pease tion, or refere, and		MC CARTY MINNE WALLER	
	the attending it permit. Then nation, or remains.	-	Yes, no, or unkown) (Ifyes give war or dates of service) Yes NOT AVAIKABLE 551368064 Mr. McCarty, Route #2Box 241-A, Seve	
	law requires that the deat attending physician. I ham been signed by the at a se as the burial-transit pern in pillor to burial, cramation,		PART I. DEATH WAS CAUSED BY: Cerebro Vascular Accident	INTERVAL BETWEEN ONSET AND DEATH HOUL'S
	uires th g physia en signa burial		Conditions, if any, which again rise to Immediate (b) ASCUD	Years
	law req ittendin hall be as the pilior to		cause (a), stating the DUE TO underlying cause last.) (c) Hypertensive Cardio Vascular Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	Years
	N: The law tal or atter ifficate ham for use as	,	ASHD, D iabetes Mellitus 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part or Part of item 18.)	PERFORMED? YES X NO
	ING PHYSICIAN: The law requires that the 1 by the hospital or attending physician. After this centrificate ham been signed by the be detached for use as the burial-transit State Dept, of Health pillor to burial, cramat			(State)
	DING Property of the defended by the defended by the defended by the defended by State	No.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not While at work 21. I certify that 4) (this hospital) attended the deceased from 18 October 19 66 to 18 Oct 19 6	Stat M (wa) look
	OR ATTENDING P v be retained by the DIRECTOR: After age 3 should be completed with the State		saw the deceased alive on 18 Oct 19 66, and that death occurred at 15 M, from the causes and on the 22a. SIGNATURE 22b. DATI	that (We) last date stated above.
	-1 # . % =			Oct 66
	O HOSPITAL Page 4 may FINERAL director, pa	2	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count	ty) (State)
	VR AI5 (4) 20M 1/65		BOYTAT 10-21-66 Arlington National Com. Arlington, Virgini 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR 25c. PLANERAL DIRECTOR DATOCT 2 6 1966 Charles	



1		, MARYLAND STATE DEPARTMENT OF HEALTH	
100		CERTIFICATE OF DEATH	IMORE I, MARYLAND
after		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived	
the fu	_	17, 14. CO. MARYLAND SEO 29/19	PUNITY FYLTON
24 h		b. CITY OR TOWN (If outside corporate limits, write RUBCL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RUBCL and give nearest town) A CARACTER STAY IN 1b	write RUKAL and give nearest town)
Pages urs aff	צו	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	IS RESIDENCE ON A FARM?
ste Sars. Pag 2 hours	3.		onth Day Year
omple	_	OF DECEASED (Type or print) WILLIAM A MERACHIN OF DEATH	0 19 1966
and carbon	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In ye has birth do has birth d	Months Days Hours Min.
ificate ician sove even	10a do	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country and the state of the stat	
phys rem	3	FATHER'S NAME FATHER'S NAME 14. MOTHER'S MAIDEN NAME	4.5.
death anding		DUNCAN CORNELIUS MERACHIN MINERVA STE	WART _
t the at≡r Then oval,	15. (Y-	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT R. TO MINE OF THE PROPERTY OF TH	Francisto Ma
ian. Jy thi mit.		18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
Juire physic mod I sit po on, o		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conquition heart failure	-
ding ding per significant sign		Conditions, if any, which) (b) mystardeal infaretron	ferhour
The affernation burial, cr		gave rise to immediate cause (a), stating the underlying DUE TO (a) stating the underlying (a) (b) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	- disease
IAN:	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEDE
FSIC hospil certific use a	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter natura of injury to Part I or Part I of Item 18.)	YES NO
this this od for alth p	-	OR CONTRIBUTING (CAUSE OF DEATH) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
DING ed by After Plache of He	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) factory, street, office bldg., atc.)	(County) (Slata)
TEN Tetain TOR: Se de Sept.	2	21. 1 certify that (I) (this hospital) jattended the deceased from 22. 1 1 196. 5 to. 6.4.	1, 19. , that (I) (we) last
RECT Nould		saw the deceased alive on	es and on the date stated above.
3 S S S S S S S S S S S S S S S S S S S		AD. ATTENDING. MED. STAFF PHYS. DIRECTOR PHYS [Det 19 1968
Page KERA		22c. PHYSICIAN'S NAME (TYPO) RAY M SMITH MD SEVERNA PI	ARK Md
HOSPIT Path. Pag FUNER rector, pa filed wi	23	BURIAL, CREMATION 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City DEMONAL (Specify)	ylown or county) (State)
5g5gg	7	SURIAL 10-21-64 WESTULEW 147/AU/	A Ga. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 7-62	1	ofus M. Tay To + Sous (lunapoli, Md. DATE OCT 24 1966	John Judge
	(1		U U

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Item 3 FOR STATE 13514 HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) b COUNTY Prince Georges o COUNTY o. STATE Page nent of death Mary land and 3 ta ANNE ARUNDEL MARYLAND Department b (ITY OR TOWN (f outside prparate lim ts, c TENGTH OF STAY IN 1h c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and afve newest town! after Laurel d NAME OF HOSPITAL OR INSTITUTION (Fhat in hosp to, give street address) d STREET ADDRESS e. IS RES DENCE ON A FARM? haurs Kembraugh Army Hospital Box 108 8. Give Pages gte NO 50 3 NAME OF Midd e with the Sto within 72 h Last FIRST 4 DATE Month Dov Year DECEASED Tina Marie MC NEAL 30 /Le/n/a/ October 19 66 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED birthdov) Months Dovs Female White WIDOWED DIVORCED 2-12-56 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 105. KIND OF BUS NESS OR 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT INDUSTRY LISANTRY? MACONMaGEORGIA, land in any farwarded to the Chief Medical Examiner 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within George Mc Neal Hazel Wyatt and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, no grupknown) (If yes give was as dates of service) or remayal, Ar. George Melleal, Samd as #2 pending 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH Cerebrocranial injuries IMMEDIATE CAUSE (o) writing the ward burial, crematian, DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? the certificate, YES IX NO agent, priar to 20g EXTERNAL CAUSE WAS PRIMARY LA OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of tem 18.) AL EXAMINER: CAUSE OF DEATH. Pedestrian struck by auto 20c TIME OF INJURY Month Day, Year 6:10 0ct. 30 i 20d IN...RY OCCURRED 20e PLACE OF INJURY (Home, farm (City or town) (County) Not While of work While factory, street, office bldg , etc.)
highway 5 may be retained far your o FUNERAL DIRECTOR: Page om Oct. 30 166 Rte. 198 Fort Meade Road at work designated 21 I certify that I taak charge of the remains described above, held an Autopsy [X], Inspection Inquiry 🗍 and in my opinion Suicide . death resulted from. Natural couses Accident X Homic'de Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER October 31, 1966 b **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23b DATE THEREOF (County) 230 BURIAL CREMAT ON 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) ARLIEGTON, VIRGINIA PEMPINAL (Apecity) 3 Nov. 1966 ARLINGTON NATIONAL 24 FUNERAL DIRECTOR 25n REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Harold S. Wade, 550 Wash. Blvd, Laurel, Maryland VR A15ME (5) DATE NOV 1966 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH Them-#20 h o-& d +1 12 #3 HEALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution; Residence before admission) y is necessary, director. Page or your files. e. COUNTY b. COUNTY Anne Arundel Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Crownsville Crown'svi/I/le' Bartimana d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Crownsville State Hospital Crownsville State Hospital State 3. NAME OF Middle DATE DECEASED OF (Type or print) NED MEADOWS 10 DEATH may b 6. COLOR OR RACE , MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. last birthday) Male Negro WIDOWED X DIVORCED March 3. - 1898 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Contractor Arundel Cont Co Oxford, N.C 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ned Meadows Marv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgivewarordatesofservice) " in pencil in Item 18 Office along with to burial-transit permit. 219-03-6953 Mrs. Viola Langford 2516 Guilford Ave 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Drowning and **DUE TO** Conditions, if env. which "pending" gave rise la immediate cause 10 **DUE TO** (a), stating the undarlying writing the word "pendin Chief Medical Examiner" age 3 should be used as cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9): 19. WAS AUTOPSY CERTIFICATION should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of Itam 18.) PRIMARY 2 or CONTRIBUTING CAUSE OF DEATH. Deceased found in water 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 1 Month, Dey, Yaar 20f. (City or lown) ICAL certificate, wind to the C factory, street, office bidg., etc.) While Not While MED et work at work X Hospital grounds Crownsville 21. I certify that I took charge of the remains described above, held an Autopsy |x|. Inspection Inquiry Undetermined manner death resulted from: Natural causes Accident Suicide | Homicide CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Rudiger Breitenecker NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 240 ₽ Burial Mount Auburn Cemetery Baltimore. 23. FUNERAL DIRECTOR ADDRESS

DATE SIGNED 10/15/66 22d. LOCATION (City, town, or country) (Siale) Maryland 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE Herbert E. Nutter 3035 W. North Ave 5M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH

Anne Arundel

14

e. IS RESIDENCE ON A FARM?

YES NO

19 66

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (State)

Anne Arundel Md.

and in my opinion

12. CITIZEN OF WHAT COUNTRY?

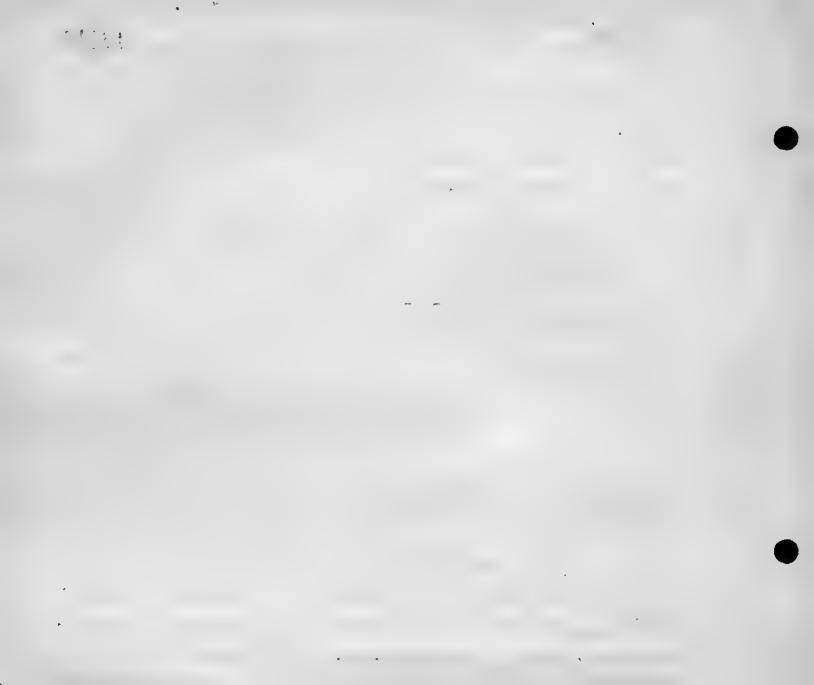
U.S.A

(County)

VS. A15ME



13316 V. PLACE OF DEATH a. COUNTY ANNE ARUNDEL	CERTIFICATE		e decased lived, If institution, Res
	MARYLAND	. STATE MARYLAND	
b. CITY OR TOWN (if outside corporate limits, write RURA) and one of the party of the corporate limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF outside GLEN BURN	corporata limits, write RURAL and g
d. NAME OF HOSPITAL OR INSTITUTION (IF no 425 S. RITCHIE HWY	fin hospital, give street address)	d. STREET ADDRESS	GHAM DRIVE
3. NAME OF DECEASED (Type or print) BRENTON H	MEANS JR	Last 4. DA'	COTODEO :
	MARRIED NEVER MARRIED 8.	DATE OF BIRTH 4 MARCH 1914	9. AGE (In years IF UNDER 1 YI heat birthday) Months Da
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) A CHINIST 13. FATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY MISSLES PARTI		or foreign country) 12. CITIZI
BRENTON 15. WAS DECEASED EVER IN U.S. ARMED FORCES	H- MEANS SRIDE) BESSIE	ANKROM (d
(Yes, no, or unkown) (Ifyesgive war or datas of sarvic 18. CAUSE OF DEATH (Enter only one cau PART I. DEATH WAS CAUSED 8Y, IMMEDIATE CAUSE (a)	232-05-7940 V	v -7	Means - Same SUDDEN
Conditions, if any, which gave rise to immediate cause	ARTERIOSCLE	ROSIS	-
couse lost. (c)	OVERWEIGHT AN		
PART II. OTHER SIGNIFICANT CONDITION OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CHIEF THER, NOTHEY MEDICAL EXAMINER)	NONE **ASSIS	TANT MEDICAL	XAMINER
OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NO NE	o, itties haters or nightly in rais 1 of	Patt II Of Hem 10.)
20c. TIME OF INJURY Month, Day, Yaar Hour a.m. NO 19	al work	ory, street office bldg., atc.)	(City or town) (County
21. I cortify that (I) (this hospital)	attended the deceased from	June 19 DU death occurred at 3 M, f	to present, 19
saw the deceased alive on 0 0c	Varuate M.	ATTENDING MED.	STAFF
22c. PHYSICIAN'S H.F. MANU	ZAK	224. ADDRESS 5. RI	tchie Hwy, Burnie, Maryla
23a. BURIAL, CREMATION, 23b. DATE THEREOF		OR CREMATORY 23d. L	OCATION (City, town or county)
Burial 10/13/66	Lakeview Me	morial Park Ca	rroll County.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2	21201
FOR STATE 13613 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3617
HEALTH BEPT) PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institut on Residence)	dence before admission)
O COUNTY O STATE DO COUNTY	ACO.
write RURAL and give nearest town) Silen Bozzi / Glen Burnie d Name of Hospita, OR INST. IUTION (If not in baseviol, page street address) d STREET ADDRESS	A
A NAME OF HOSPITA OR INSTITUTION (If not up becaried auto street address)	e IS RESIDENCE
D.c.A - NOR/h. ARUNIEL - 216 RUE The Road	ON A FARM? YES NO A
3 NAME OF First Middle .ost 4 DATE Month	Doy Year
3 NAME OF DECEASED 100 JSUAL OCCUPATION (Give kind of work done during most of working) lide, even fretired) 100 JSUAL OCCUPATION (Give kind of work done during most of working) lide, even fretired) 100 JSUAL OCCUPATION (Give kind of work done during most of working) lide, even fretired) 100 JSUAL OCCUPATION (Give kind of work done during most of working) lide, even fretired) 100 JSUAL OCCUPATION (Give kind of work done during most of working) lide, even fretired) 100 JSUAL OCCUPATION (Give kind of work done during most of working) lide, even fretired) 100 JSUAL OCCUPATION (Give kind of work done during most of working) lide, even fretired) 100 JSUAL OCCUPATION (Give kind of work done during most of working) lide, even fretired) 100 JSUAL OCCUPATION (Give kind of work done during most of working) lide, even fretired) 100 JSUAL OCCUPATION (Give kind of work done during most of working) lide, even fretired) 100 JSUAL OCCUPATION (Give kind of work done during most of working) lide, even fretired) 100 JSUAL OCCUPATION (Give kind of work done during most of working) lide, even fretired) 100 JSUAL OCCUPATION (Give kind of work done during most of working) lide, even fretired) 100 JSUAL OCCUPATION (Give kind of work done during most of working) lide, even fretired) 100 JSUAL OCCUPATION (Give kind of work done during most of working) lide, even fretired) 100 JSUAL OCCUPATION (Give kind of work done during most of working) lide, even fretired) 100 JSUAL OCCUPATION (Give kind of work done during most of working) lide, even fretired) 100 JSUAL OCCUPATION (Give kind of work done during most of working) lide, even fretired) 100 JSUAL OCCUPATION (Give kind of work done during most of working) lide, even fretired)	15 1966
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (in years lost brithday) Monshi	DER 1 YEAR F UNDER 24 HRS
WIDOWED DIVORCED 70, 23, 15 lost bribliogy Monshi	is Oays Hours Min
WIBOWED DIVORCED 10 JOURNAL OCCUPATION (Give kind of work done during no most of working life even fretiged) 10 JSUAL OCCUPATION (Give kind of work done life even fretiged) 11 BIRTHP.ACE (Stote or foreign country) 12 JOURNAL OCCUPATION (Give kind of work done life even fretiged)	CITIZEN OF WHAT
A company most of working life, even fretired) NDUSTRY Western Electric Baltimore Md.	COUNTRY?
E TO BE 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME	
13 FATHER'S NAME John Milleker IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address	
15 WAS DECEASED EVER N U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, prunknown) ((If yes give war or dotes of service)	
No 218-10-4345 Mrs. Erma R. Milleker. same	e as 2
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))	INTERVAL BETWEEN
PART I OEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) College Selenses General is	ONSET AND DEATH
P 2 3 5 6 4500 OUE TO	
Cond.t.ons, if ony, which gove) (b)	
the conditions of the conditio	
OUE TO Cond.t.ons, if ony, which gove nise to immediate cause (o), stoting the underlying cause lost (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE CONDITION G VEN IN PART 1(o)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.MAL DISEASE CONDITION G VEN IN PART I(o)	19 WAS AUTOPSY PERFORMED?
The second secon	YES NO
E PRIMARY □ or CONTRIBUTION	
Show and a show	(County) (State)
20c TIME OF IN_URY Manth, Day, Year While of work of w	((2,016)
21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry	1
21. I certify that I taak charge of the remains described above, heid an Autapsy, Inspection, Inquiry death resulted from? Natural causes, Accident, Suicide, Hamicide, Undetermined manner ACTUAL	-
death resulted from? Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,	
death resulted from? Natural causes , Accident , Suicide , Hamicide , Undetermined manner , CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE SIGNATURE ACSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
Address (Street, city, town, or county)	10.11.66.
OF FIGURE (C. C.)	(County) (State)
Burial 18 UCT.00 Madowridge Memorial Likridge I	Howard MI
MO ATEMA 7 ATEMA 10 MINE 11/1/24	s signature
VR A15ME (52) Mirkley Funeral Home, Glen Burnie, Md. DATE OCT 17 1956 Your	0



2	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALT	IMORE 1, MARYLAND
	13615 CERTIFICATE OF DEATH	13618
1	PLACE OF DEATH Come thingel 2. USUAL RESIDENCE (Where decessed	lived, If institution; Res dengé before edm
		b. COUNTY Holling
b	CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, white RURAL and give neerast lown)	mits, write RURAL and give neerest lown)
6	llen Burner	1
799	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS	e. IS RESID ON A F.
	IZa manor Nursing Home 73	YES NO
	NAME OF First Middle Last 4. DATE OF OF The	Month Day Year
		Ctober 7 196
1	MARKIED NEVER MARKIED	(In years IF UNDER 1 YEAR IF UNDER 24
Oa.	USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OF INDUSTRY 11 8 BTHE AFE (COUNTY & STATE OF INDUSTRY)	country) 12. CITIZEN OF WHAT COL
	lone during most of working life, even if retired)	21/1/50
	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	4 44 - 1 3 4
	Levi Miller Mary R.	u-ner
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Hyper give weren detes of service)	Address
=	- I I I I I I I I I I I I I I I I I I I	a Jeany M
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWO
	IMMEDIATE CAUSE (0)_ COTONAY (10 Calisani	- Nay
	Conditions, if any, which) the Torretty like Commences Commence	From livered
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death opd: 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) physician and completely filled in by the funeral en alegae remove carbon papers. Pages I opdiows, and in ony event, within 72 hours after deal PLACE OF DEATH p. COUNTY a. STATE b. COUNTY Maryland Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 15 c CITY OR TOWN (If outside carparate limits, write RURA), and give nearest town) write RURAL and give nearest town) Baltimore Grownsville vrs. 1 mo. d. NAME OF HOSP, TAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Crownsville State Hospital 302 N. Pearl Street YES NO IX 3. NAME OF Muddle Last 4. DATE Year Day DECEASED #22784 Georgia Minter 10 DEATH 66 IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8. DATE OF BIRTH 9. AGE (In years 60 yrs. Manths Days Hours B/?/1906 WIDOWED X DIVORCED Female Negro 10g USUAL OCCUPATION (Give kind of work done 10b. K NO OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Alabama USA Unemployed 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joe Salter Mary Smith 15. WAS DECEASED EVER IN 5 ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO 17. INFORMANI Address Hospital Records Unknown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) signed by the burnol-tronsit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (a) DUF TO Chronic Pvelonephritis Conditions, if only, which gave rise to immediate couse (a), DUE TO stating the underlying couse be detached for use as the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO 1 Chronic Brain Syndrome, Pulmonary Emphysema, Inanition & Anemia YES 🗍 TO FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 2Dg. ACCIDENT WAS UNDERLYING the hospital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED factory, street, affice bldg., etc.) Not While --------attended the deceased fram 9/19/, 1961, ta 10/5/, 1966, that (1) (we) last 10/5/ 1966, and that death accurred a6:20 M, fram causes and an the date stated abave. __10/5/, 1966, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram be retorned saw the deceased alive 226. DATE SIGNED 10/6/66 22o. SIGNATURE K M.D. PHYS DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) L. Benedict. M. Crownsville State Hospital, Maryland 230 BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF NAME OF CEMETERY OF CREMATORY 23d -tQCATION (City of Town) (County) (Stote) 25b. REGISTRAR S SIGNATURE FUNERAL DIRECTOR **ADDRESS** 2Sq. REC'D BY REGISTRAR VCharles 1966 VR A15 (4) -20 M 1/66

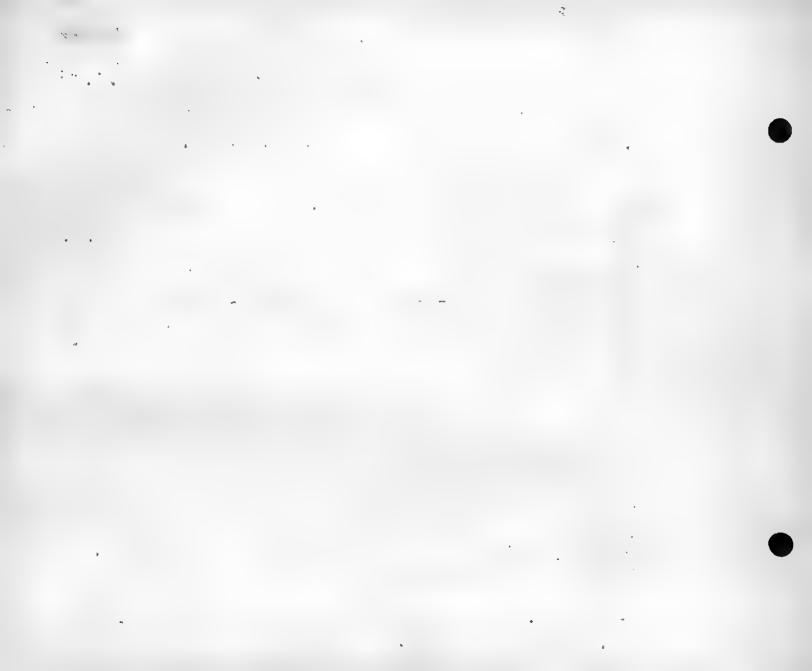
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. completely filled in by the funeral ave carbon papers. Pages 1, and 2 death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased, lived, if astitution. Residence before admission) a. COUNTY nne a. STATE 8 COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN outside corporate limits, write RURAL and give nearest town. write RUPAL and give nearest town d. NAME OF HOSP, TAL OR INSTITUTION (If not in hospito), give street oddress) d. STREET ADDRESS IS RESIDENC ON A FARM? YES NO X 3. NAME OF Middle 4. DATE Magth Lost Day Year DECEASED (Type or print) DEATH YEAR S SEX 6 COLOR OR RACE 8. DAME OF BIRTH AGE (n years IF UNDER 24 HRS MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours any WIDOWED DIVORCED ician and 31 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY COUNTRY during most of working life, even 'f retired) plumber state gov't Baltimore, Md. 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME crematian, ar remaya Knows nown IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (Yes, no, grunknown) (if yes give war ar dates of service) no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for fransit | ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed by 1 burial trans burnal, crem IMMEDIATE CAUSE (o) DUE TO Conditions, of any, which gave rise to immediate couse (a), DUE TO stating the underlying couse as the priar to has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION use YES [NO 10 FUNERAL DIRECTOR: After this certificate the haspital ar j 20a, ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Hame, form, (State) 20d. INJURY OCCURRED 20f (City or town) (County) TIME OF INJURY Month, Day, Year Hour o.m. factory, street, affice bldg., etc.) While Not While of work at work 21. I certify that (I) (this hospital) attended the deceased from 12 1966that (I) (we) lost 66 to ploods be retained director, page 3 should should be filed with the 19.66, and that death accurred at 8.25 PM, from causes and on the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22a SIGNATURE ATTENDING M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MPSON 23d LOCATION (City or Town) 23a. BURIA. CREMATION 23b DATE THEREOI 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) Burial (Specify) 10/15/66 Millenswille OurLady of the Fields Cath. 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 BUNERA DIRECTOR E. Hopping HOPPING FUNERAL HOME VR A15 (4) Charley 1966 Annapolis 20 M 1/66



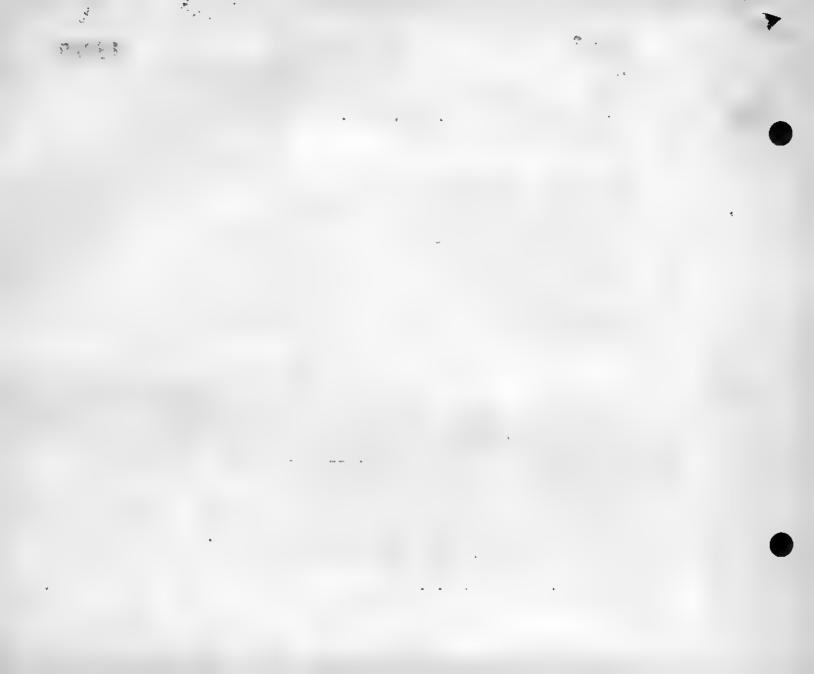
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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dear dear	18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c), and
an. I by lansit	PART I. DEATH WAS CAUSED BY: One free Vescular acceptant onset and DEATH I LA LOCKET
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requires tha ding physici been signer the burial-to or to burial,	gave rise to immediate cause (a), stating the OUE TO
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AL OR nay be nay be page 3	22c. PHYSICIANS 22d. ADDRESS / STAFF 10/14/66
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TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF DEMETERY OR CREMATORY 23d. COCATION (City, toyon or county) (State) REMOVAL (Specify) (6-17-1966) St. 17nne's 12nne's
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VR A15 (4) 15M 4-64	John M. Laylor & Dons Chmapoles, 182. OATE OCT 17 1966 Minuley Judge
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1 1	MARYLAND STATE DEPARTMENT OF HEALTH
6	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
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utec ove y eve	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HR. Jast birthday) Months Days Hours Min.
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e be c sician lease r and in	during most of working life, even if retired) INDUSTRY COUNTRY?
# 18 E	Housewife Italy U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Eertiffic Fremova	Thomas Cimino Marie Grace Tamboro
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
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ATTENDING PHYSICIAN: The law requires that the death retained by the hospital or attending physician. CTOR: After this certificate has been signed by the atte should be detacled for use as the burial-transit permit in the State Dept. of Health prior to burial, cremation, or	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
w requires that sending physician as been signed that as the burial-train rior to burial, cri	446 X DIETO C
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DING PHYSICIAN. ed by the hospita for this certif do defached for e State Dept. of P	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While at work a
ATENDING retained by CTOR. After should be vith the State	21. I certify that (I) (this hospital) attended the deceased from 1962 to 044, 1966 that (I) (we) las
rtaine FOR: Shoul	, saw the deceased alive on 1966, and that death occurred at 600M, from the causes and on the date stated above
OR A be re DIREC 3 ge 3 ge 4	22 b. DATE SIGNED
PITAL O	M.D. PHYS. DIRECTOR PHYS. 1900
SPIT B 4 n NER/ Ctor,	NAME (TYPRE) VAST 20612. Silver.
TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
- = 4	Burial Oct. 8, 1966 New Cethedral Cometery Baltimore Karrland
VR A15 (4)	George J. Gonce-4001 Ritchie Hgwy., Baltimore DATE OCT 1 0 1956 Michaeley Judge
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13623 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) physician and completely filled in by the funeral en please, pagove carban papers. Pages 1 and PLACE OF DEATH o STATE Maryland **B** COUNTY o COUNTY Anne Arundel MARYLAND t CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 llmos.16das. Baltimore Crownsville d. STREET ADDRESS e IS RESIDENCI d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARMS Crownsville State Hospital 310 Mages Street YES NO X 4 DATE 3 NAME OF Lost Year ..66 DECEASED 10/ Otto (Type or print) #30420 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH AGE (in years S SEX NEVER MARRIED 1 8. 6 COLOR OR RACE 7 MARRIED birthdoy) Months Doys Hours 1/29/1894 White DIVORCED 6 Male WIDOWED 10a JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR COUNTRY? 115A Pennsylvania INDUSTRY signed by the attending physician burial-transit permit. Then please burial, crematian, or remaval, and Unknown 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME AROLINE STUMPE 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [If yes give wor or dotes of service) 16 SOCIAL SECURITY NO 17 INFORMANT Hospital Records Unknown 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH Branchopneumonia IMMEDIATE CAUSE (o). DHE TO Generalized Arteriosclerosis Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse has been be detached for use as the State Dept. of Health priar to PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS ALTOPS PERFORMED? Chronic Brain Sydrome: Cor Pulmonale; Chronic Alcoholism NO YES | TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us should be filed with the State Dept. of Healt O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of Item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e PLACE OF INJURY (Home, form, (City or fown) (County) 20c. TIME OF INJURY Month, Doy, Year 20d INHIRY OCCURRED factory, street, office bidg., etc.) Hour om. Not While ot work 21. I certify that (I) (this haspital) attended the deceased from 9/27/, 1965, to 10/11/, 1966, that (I) (we) last saw the deceased alive an 10/11/, 1966, and that death accurred at 5:10 M, from causes and an the date stated above. 22b. DATE SIGNED 220 SIGNATURE ATTENDING MED. DIRECTOR 10/11/66 A M.D PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Crownsville State Hospital, Md. L. Benédict, M.D (County) 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 230 BURIAL CREMATION 23b. DATE THEREOF REMOVAL (Specify) WILLOW TROVE . JA 10/18/66 256 REGISTRAR'S SIGNATURA 25o. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE [] [] BALTO, MD, 21220 OWARD



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13624 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death physician and campletely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b CITX OR TOWN (f outside corporate limits, c. LENGTH OF STAY IN 16 c (ITY OB, TOWN (If outside corporate amits, write RURAL and give nearest town) e RURAL and give negrest town) e. IS RESIDENCE ON A FARM? d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS-YES 3 NAME OF Middle 4. DATE First Day Year DE(EASED (Type or print) OF DEATH 1966 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED gst birthdoy) Hours WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of walking ife, even if retired) INDUSTRY 13. FATHER& NAME INFORMANT Address (Yes, no prunknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for, (o), (b), and (c).) INTERVAL BETWEEN burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse Page 4 may be retained by the ruspinal or unsurving O FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO far 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1) of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) 20d INJURY OCCURRED (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this hospital) ottended the deceosed from 1966, to 10-10, 1966, that (I) (we) last 19//, and that death occurred at 1/5 PM, from causes and on the date stated above sow the deceased olive on_ 22n SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** directar, page 3 shauld be filed v M.D DIRECTOR 22d. ADDRESS. 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b DATE THEREOF LOCATION (City or Town) (Stote) REMOVAL (Specify) 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



. 1	MARYLAND STATE DEPARTMENT OF HEALTH	
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hours after death d in by the funeral rs. Pages Frand 2 : hours after death	a. STATE AA b. COUNTY /	idehoe before admission)
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The law requires that the death certificate be executed within 24 hours or attending physician. ate has been signed by the attending physician and completely filled in by ruse as the burial-transit permit. Then please remove carbon papers. Page at the burial, cremation, or entwell and in any event, within 72 hours.	OEGEASED (Type or print) BESSIE MS TIRON PECK DEATH OCT 2	9 1966
ted com	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years IF UNDER 1)	
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deal le at pern ion,	10/10-13//11LDNET 11 DICEON	
requires that the death cerl nding physician. been signed by the attending the burlal-transit permit. If or to burial, cremation, or fer	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ONSET AND DEATH
sian sian ed b tran	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrel Visseular Accident	2 weeks
law requires that attending physician has been signed le as the burlatran h prior to burial, cru	Conditions, If any, which) On Consequent and and original consequent	unkarin
auire g pl	gave rise to immediate	in mount
aw rec ttendiri has be as th prior t	cause (a), stating the DUE 10 underlying cause last. (c)	
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fSICI hosi is ce ache ept.		
thick be	20c. TIME OF INJURY. Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, officebldg., etc.) While Not While at work at work	ty) (State)
ATENDING PRYSICIAN; retained by the hospital CTOR: After this certific should be detached fo vith the State Dept. of H		
OR ATTENDIN be retained to DIRECTOR: Aff ge 3 should be	21. I certify that (I) (this hospital) attended the deceased from 3/3, 1964, to 10/29, 1966	_, that (i) \(\text{iwe} \) last
ctal sho	saw the deceased alive on 10/20 19/6 and that death occurred at 31/6 AM, from the causes and on the	e date stated above Te signed
OR A	ATTENOING TO MED. TO STAFF TO CO.	/
AL Day	22c. PHYSICIAN'S. 22d. ADDRESS	00
SPIN 8 4 r NER NER 1d by	NAME (Type) Richard I. Hochman M.) 59 Frankleust, Annapole's	ned
TO HOSPITAL OR ATTENDING F Page 4 may be retained by t O FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c., NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun	rty) (State)
1 01	BURIAL 1/1-1-66 WARANY RUPAL FIRANY	/V, Y,
VP 445 443	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S DATE OCT 3 1 1966 Florar	les Judge
VR A15 (4) 15M 4-64	NOHN M TAYLOR SONS HUNAPOLIS MD DATE OCT 31 1966 guar	0 0



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13626 CERTIFICATE OF DEATH death. The law requires that the death certificate be executed within 24 hours after death campletely filled in by the funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o STATE **b** COUNTY hours after MARYLAND c LENGTH OF STAY IN 16 TOWN (If outs de corporate limits, c CITY AR outside corporate limits, write RURAL and give nearest town) bon papers within 72 ha MOSPITAL OR INSTITUTION (If not in haspital, give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF DATE emave carbon Middle 1D9Y OF DEATH DECEASED (Type or print) S SEX 9 AGE (in years IF JNDER 1 IF JINDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH ast birthday) Months Dovs Haurs WIDOWED 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life even frehred) COUNTRY? 13. FATHER'S NAMI or remaya. WAS DECEASED EVER IN U.S. ARMED FORCES? Address permit. (Yes, na, or unknown) (If yes give war or dates af service) # crematian, INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per) **burial-transit** PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO burial, Conditions, if ony, which gove rise ta immediate cause (a). DUE TO stoting the underlying cause Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been for use as the Health prior ta last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH director, page 3 should be detached should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. (City or town) (County) (State) 20c, TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) Not While 21. I certify that (I) (this haspital) attended the deceased fram_ _, 19**66** that (I) (we) last M, from couses and on the date stoted abave 19 and that death occurred at sow the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR PHYS 22d. **ADDRESS** 22c. PHYSICIAN NAME (Type) 23g LOCATION (City or Town) BURIAL, CREMATION. 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY (County) (State) 2Sq. REC'D BY REGISTRAR 1 2Sb REGISTRAR'S SIGNATURE FUNDRAL DIRECTOR VR A15 (4) 356 DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3623 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) 1. PLACE OF DEATH completely filled in by the funera nove carbon papers. Pages 1 ond deal a. COUNTY MARYLAND c. CITY DR LOWN (It autside carparate limits, write RURAL and give nearest town) CITY OR TOWN (If autside carparate limits, c. LENGTH DE STAY IN 1b RBRAL and gwy negrest fawn Burn18 IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL DR INSTITUTION (If, not in, haspital, give street-address) YES NO K 3 NAME OF Middle DATE Yeor First DECEASED DEATH (Type or print) IF UNDER 1 YEAR AGE (In years last birthday) S SEX 6 COLDR DR RACE DATE OF BIRTH 7 MARRIED **NEVER MARRIED** Months Days Haurs WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a, USUAL OCCUPATION (Give kind of work done NDUSTRY during most at working life, even if retired) 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAMI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SDCIAL SECURITY ND INFORMANT (Yes, no, or unknown) (If yes give war or dates of service cremotian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY: 406ar signed by IMMEDIATE CAUSE (a) physician. DUE TO burial, Conditions, if ony, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying cause os the prior to the hospitol or attending O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEPTH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use of Health ND YES [20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at wark at wark 21. I certify that (1) (this hospital) attended the deceased fram. M, from causes and an the date stated above. 66, and that death accurred at saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATUR ATTENDING 966 DIRECTOR PHYS. director, page 3 shauld be filed v M.D. PHYS 22d. ADDRESS 22c. PHYSICIÁN'S NAME (Type) 106ATION (City or Town) (County) (State) DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION REMOVAL (Specify) 6 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE INERAL DIRECTO VR A15 (4) DATE 20 M 1/66



DIVISION OF STATISTIC	MARYLAND STATE DEPARTMENT OF	HEALTH
13628	CERTIFICATE OF DEATH	STREET, BALTIMORE 1, MARYLAND
1. PLACE OF DEATH AND O TO	1 101 2. USUAL RESIDENCE	Where decessed lived, If institution: Residence before edmission)
# Glen BUR	NIE MARYLAND STATE ary	and b. county
b. CITY OR TOWN (if outside corporate firm write RURAL end give neerest town)	its, c. LENGTH OF STAY IN 16	Iside corporate limits, write RURAL and give nearest town)
NAME OF HOSPITAL OR INSTITUTION		nore 11
+ /aga Manor Conva	lescont Home 1201 N.S	tricker St. YES NO
3. NAME OF DECEASED (Type or print)	Middle Leal 4.	DATE Month Dey Year OF DEATH / D 22 19 66
5. SEX 6. COLOR OF RACE	7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
N	WIDOWED DIVORCED 0 6-25-18	981 6 8 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refire	106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County &	Stole, or foreign country) 12. CITIZEN OF WHAT COUNTRY
13- FATHER'S NAME	14. MOTHER'S MAIDEN NAM	19 0.5 H.
Kamsonta	Men lucindo	a diggets
15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no, or unknown) (If yes give wer or deteasofs	CCES? 16 SOCIAL SECURITY NO. 17. INFORMANT	Address
18. CAUSE OF DEATH (Enter only one	1214-22-407174	
PART I. DEATH WAS CAUSED BY:	A Heriosclero tic heart	INTERVAL BETWEEN ONSET AND DEATH
42: 1) DUE TO		2.1364.36 . 993
Conditions, if eny, which (b)		
geve rise to immediate ceuse (e), sleting the underlying DUE TO		
cause last. (c)	TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	DISTASE CONDITION CIVEN IN BART 1/-1 SO WAS AUTODON
CATIO		PERFORMED?
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ZOc. TIME OF INJURY Month, Day, Ye Hour a.m. 19	20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, Whila Not Whila el work el wo	20f. (City or town) (County) (Stete)
21. I certify that (I) (this hospi		5.9 to Oct. 2.2, 19.6.6that (I) (we) last
	CHOber 221966 and that death occurred at 84.1	M, from the causes and on the date stated above.
228. SIGNATURE,	keut M.D. ATTENDING MED.	22b. DATE SIGNED TOR PHYS.
22c. PHYSICIAN'S	M.D. PHYS. S DIRECT	2 2/2 1
NAME (Type) Riehal	d H. HUNT 100 Cher	ryfane, Hen Burne, Md
238. BURIAL, CREMATION, 236. DATE THE		3d. LOCATION (City, town or county) (State)
Burial 10-27-66		Baltimore, Maryland
X Charles R. Law 802	ACT	2 5 1966 fictionles Judge
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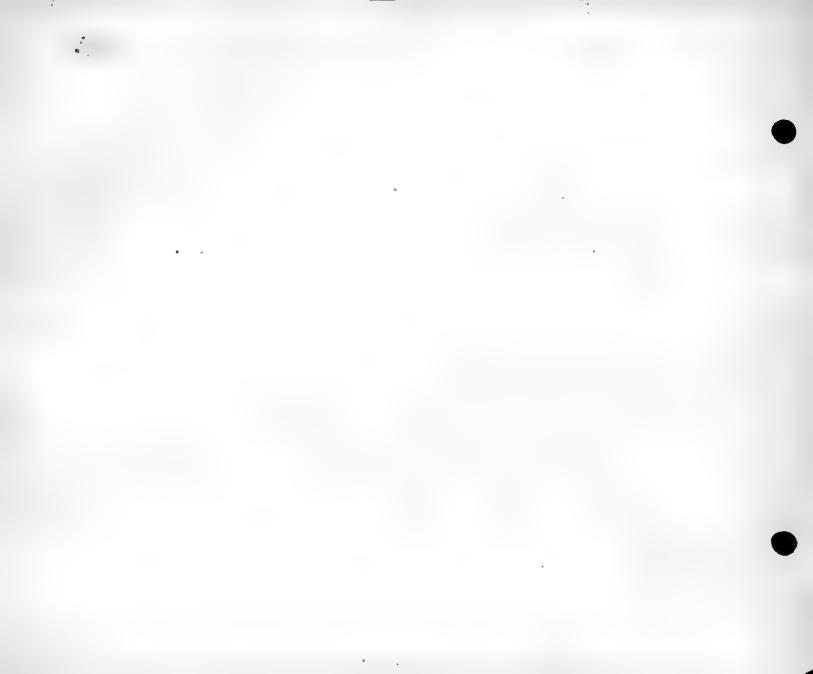
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4 207	13629 CERTIFICATE OF DEATH 13629
24 hours after death. Filed in by the funeral apers. Pages I and 2 no 72 hours after death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
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s afte by the sages rs aft	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
in by Page hours	Belvedere Beach Belvedere Beach
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completely ve carbon event, with	3. NAME OF DECEASED (Type or print) Powell DEATH October 23 1966
ited wi	5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
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een the	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ding pt Then remova	Albert Shackelford Mary Catherine Wallace 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address Right Notice and Information and Infor
death certifica e attending pr permit. Then ion, or remova	(Yes, no, or unknown) ((fyes give war or dates of service)
the tree at the ation	No None 220-141-5525 Mr. Frederick J. Singley, Jr. Bank Building 18. CAUSE OF DEATH [Enter only one cause ger line for (a), (b), and (c).]
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tuires ig phy en si e bur	Cenditions, If any, which gave rise to immediate (b) Alevelly of muscle Weapons (b) DUE TO
aw requitending that been as the prior to	cause (a), stating the DEETO / underlying cause last. (c)
atten atten has se as ch pric	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
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tat per page	Hour a.m. While Not While N
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ATTEND retained retained Stould with the	saw the deceased alive on C. 2/ 19 66, and that death occurred at 2/2/2/20, from the causes and on the date stated above.
AL OR say be all DIRE page affiled v	Promobile an D. M.D. ATTENDING MED. STAFF Def 24 1966
O HOSPITAL OR ATTENIO Page 4 may be retaine O FUNERAL DIRECTOR: director, page 3 should should be filed with the	22c. PHYSICIAN'S NAME (Type) RAY M. SMITH MD 22d. ADDRESS BELLE & MANUEL PARTY AND SMITH MD WASHINGTON BELLE & MANUEL PARTY BELLE & MAN
O HOSPITA Page 4 mm O FUNERAL director, p	They will be the state of the state of the
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20111 1/05	



多	118:	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
	M)	13630	CERTIFICATE	OF DEATH	13638	
ır death	he funeral ges 1 and 2 affer death	o. COUNTY Anne Arund	el maryland	2 USUAL RESIDENCE (Where deceosed lived, if institute o. STATE b. COUR		
urs afte	completely filled in by the funeral ove carban papers. Pages 1 and y event, within 72 hours after deat	b (TY OR TOWN (If outside carparate write RURAL and give nearest town) Annapolis		c CITY OR TOWN (If outside carporate limits, write RUI RURAL - Gambrills		
ब	d in b pers. 72 ho	d NAME OF HOSPITAL OR INSTITUTION (I	not in hospital, give street address)	d. STREET ADDRESS	8 IS RESIDENCE ON A FARM?	
n 24	papers. papers. hin 72 h	Anne Arundel G	eneral Hospital	Rt3, Box -550	YES NO X	
withi	oletely fille carban pa ent, within	3 NAME OF DECEASED (Type or print) HER	First Middle BERT (None)	QUEEN 4 DATE Mont		
xecutec		S SEX 6 COLOR OR RACE Male Negro		DATE OF BIRTH 9. AGE (In years loss buthday) 66 yrs	Months Days Hours Min.	
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A H	A the state of the	saw the deceased alive an 220, SIGNATURE	Oct. 16, 19.66, and that	death occurred atM, fram causes	and an the date stated above	
OR ATTENDING	P. S. S. C.	220. SIGNATURE Plan	Maria A. MD	ATTENDING MED. STAFF PHYS DIRECTOR PHYS.		
PITAL (RAL DI	22c. PHYSICIAN'S NAME (Type)	-/-	22d. ADDRESS		
O HOSPITAL	To FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be fried with the State Dept. of Health prior to	230 BURIAL, CREMATION, 23b. DATE	THEREOF 234 NAME OF CEMETERY OR C	Memorial Klamb	ulls VIICE	
_	VR A15 (4) 20 M 1/66	24 FUNERAL DIRECTOR .	asett Cling.	DATE 250. REDUBY REGISTRAR 1956. RE	GISTRAR'S SIGNATURE	



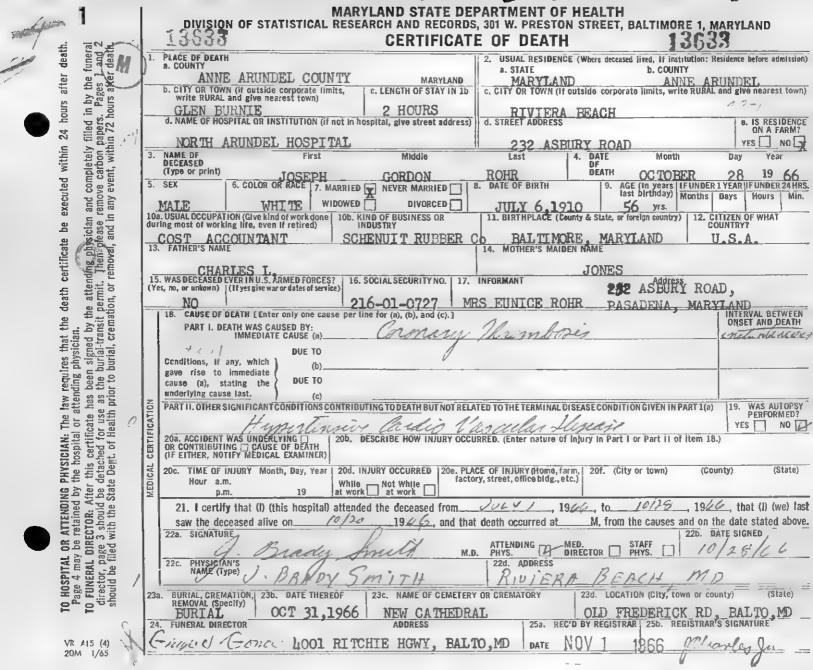
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				Division of STATIS	TICAL RESEA	ARCH AND RECORDS	301 W. P	RESTON STRE	ET, BALTIA	ORE, MARYL	AND 2120	1	
	FOR STATE		1363	ţ.	MED	ICAL EXAMINER	'S CERT	IFICATE O	F DEAT	Н	136	31	
	HEALTH DEPT.	1	PLACE OF DEATH	•					Vhere decease	d ved, if institut		before od	mission)
	For Se to Fi		o. COUNTY Ani	ne Arundel		MARYLAN		TATE Mary	land	b. COU	Anne	Arun	de1
	foy For Pent deat		b CITY OR TOWN (I	f outs de corporate limit	5,	c LENGTH OF STAY IN 16	The state of the s			e limits, write RUI			
_	2, and 3 to PM3. Page partment of after death.		write RURAL and	give neorest town) en Burnie		DOA			ı Burn:			- ~	
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	eath. If any delay is ages 1, 2, and 3 to ith farm PM3. Page State Department of 2 hours after death.		No:	rth Arundel	Hospi	tal	29	3 A Sol1	y Road	i		YES	A FARM?
	ath. The factor of the state of	3	NAME OF	F,	rst	Middle		Lost	4 DATE	Mont	th	Doy	Year
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	in 24 haurs after death. If a cid in tem 18. Give Pages 1, wher's Office along with farmages land 2 with the State Dean any event within 72 hours	S	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	8 DATE (OF BIRTH	9	AGE (In years	IF UNDER 1 Y		NDER 24 HRS
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	B : S : E : E	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	f service) lb :	SOCIAL SECUR TY NO	17. INFORMA	NT		Addre	225		
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	ate shauld be executed the ward "pending"; at the Chief Medica a burial-transit permit.		18 CAUSE OF DE	ATH (Enter only one cou H WAS CAUSED BY	se per line for	(o) (b) and (c).)							L BETWEEN
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	Figure 19 Page	ERTI	200 EXTERNAL CAL PRIMARY 25 or CON CAUSE OF DEATH	TRIBUTING		edestrian s			Q11 F Q1 F 011	ii ot heni iu j			
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	L EXA Recute Page for you R:Page sted o		21 certify			noins described above			Inspectio	n 🔲, 🛮 Inqu	лгу 🔲,	ond in	my opinion
4			death result	ed from: Noture	ol couses 🗌	, Accident X,	Suicide 🔲	,	**************************************	determined m	onner 🔲		
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	necessary, please extended function. 5 may be retained for FUNERAL DIRECTOR Health or its designing.	73/	BURIAL CREMATIO			23c NAME OF CEMETER	OR CREMATO			ATION (City or To	wn) (C	ounty)	(Stote)
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FOR STATE		13633 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 136	39
HEALTH DEPT:	F	PLACE OF DEATH O COUNTY ANNE ARUNDEL MARYLAND 2 USUAL RESIDENCE (Where deceosed ved, if institution Reside b. COUNTY) B. COUNTY MARYLAND	nce before odm ssion)
coth. If any delay is Pages 1, 2, and 3 to ith farm PM3. Page State Department at 2 hours after death.		b CITY OR TOWN (f outside corporate limits, write RURAL and give negrest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and grant and	ve nearest town)
arm be Depo		d NAME OF HOSPITAL OR INSTITUTION (I not in hospito, give street oddress) ANNE ARUNDEL GENERAL HOSPITAL 83 Northwest Street	e S RESIDENCE ON A FARM? YES NO
_w - > \	_	NAME OF First Middle Lost 4 DATE Month OFCEASED (Type or print) Baby Girl RANDALL DEATH October	Doy Year 7 19 66
rs after d 18. Give e alang v 2 with thu	S	Vanil.	R 1 YEAR FUNDER 24 HRS
hav hav Office Office ever	10c dur	a US_AL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 (IT ZEN OF WHAT OUNTRY?
within 24 within 24 within 24 within 24 within 24 within 24 within 25 within	13.	. FATHER'S NAME 14 MOTHER'S MAIDEN NAME	
Kredned will hading in pe Medical Example Permit File, mayal, and	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address	
shauld be en ward "per a the Chief I burial-transit matian, ar re		18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Atelectasis neonatorum 7620 DUE TO Conditions, if ony, which gove inse to immediate couse (o), stoling the underlying couse DUE TO DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH
	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I(0)	19 WAS AUTOPSY PERFORMED? YES X NO
AMINER: This AMINER: This I the certificate 4 should be f your files ge 3 should be agent, prior to	L CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port I of Item 18.)	
Z S = S = S E	MEDICAL	pm. 17 of work — of work —	ounty) (Stote)
EPUTY MEDICAL EXAM sssay, please execute th funeral director. Page 4 ay be retained for your INERAL DIRECTOR: Page Ith or its designated age		21 Certify that I tack charge of the remains described above, held an Actopsy X , Inspection , Inquiry , death resulted from: Natural causes X , Accident , Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER X	ond in my opinion 22. DATE SIGNED
EPUT) ssary, funero ay be NNERA		NAME (Type) Address (Street, city, town, ar county)	r 9, 1966
TO D TO FU Heal		O BUR AL (REMATION) 236 DATE THEREOF J 236 NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) REMOVALTS PECTATION 10.25.16 V. D. W.L. W.C. School Bellimore. M.	(County) (State)
VR A15ME (5)	24	4 FUNERAL DIRECTOR ADDRESS 250. REC. BY REGISTRAR 250 REGISTRAR DATE	SIGNATURE Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13634 CERTIFICATE OF DEATH and-2 Seath The low requires that the death certificate be executed within 24 hours after death the attending physician and completely filled in by the funeral sit perties. Pages I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b. COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b CITY OR TOWN (f autside carparate limits, write RURAL and give nearest town) c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) r. LENGTH OF STAY IN 15 ve corbon papers. Pagevent, within 72 hours 10 Mons. Annapolis Glen Burnie d. NAME OF HOSPITA, OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Annapolis Nursing Home NO #207 Greenway. 3 NAME OF Middle Last Month DECEASED (Type or print) Alberta Loretta Rumney DEATHOCTOBER 23 19 66 S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** last birthday) **81** yrs. female WIDOWED Feb 12, 1885 cauc. DIVORCED 10o. USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT Own Home USA during most of working the even if ret red) HOUSEWORK (Ret. Cedar Pt., St. Mary's
14. MOTHER'S MAIDEN NAME 13. FATHER S NAME L. Nota Readmond Helen Stewart Walsh 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Same as (Yes, no, ar unknown) (If yes give war or dates of service) 214-48-1441 Mrs. Anna Mae Reese (daughter) Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit pent should be filed with the State Dept. of Health prior to burial, cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure Anemia Conditions, if any, which gave l year rise ta immediate cause (a), DUE TO stating the underlying cause (Leukemia, chronic lymphocytic 5 years PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? Aortic insufficiency, arteriosclerosis, hypertension YES 🗀 NO XX 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, factory, street, office blda., etc.) Nat While at work 21. I certify that (1) (this haspital) attended the deceased from March 1966, to Oct 23, 166, that (1) (we) last saw the deceased alive an October 14966, and that death accurred at 3:10%, fram causes and an the date stated above. 22b. DATE SIGNED 22a SIGNATURE PHYS. DIRECTOR October 23,66 22d. ADDRESS South River Medical Center 22c PHYSICIAN'S NAME(Type) Charles W. Kinzer, M. D. Edgewater, Maryland (21037 23d. LOCATION (City or Town) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specify) nct. 25, 1966 New Cathedral Cemetery
ADDRESS 250 RECO Raltimore. Maryland 2Sa RECD BY REGISTRAR 24. FUNERAL DIRECTOR 1966 Ocharles DATE OCT 25 Richard V. Singleton Glen Burnie, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13535 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) completely filled in by the funeral over orban papers. Pages 1 and a. COUNTY a. STATE b COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL - Annapolis Care Stroke 5 days Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Rt-4. Box-326B Anne Arundel General Hospital NO 🔀 YES | 4 DATE 3. NAME OF Middle Last Manth Day Year DECEASED (Type or print) OF DEATH SCHALLINGER October 1966 Lucy Maragret IF UNDER 24 HRS 6 COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years S. SEX 7 MARRIED **NEVER MARRIED** last birthday) Manths Days Haurs Nov. 9, 1900 White WIDOWED X DIVORCED Female ren signed by the attending physicion and buriol-transit permit. Then please ren 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Raltimore, School Teacher (Ret) Balto. Maryland 14. MOTHER S MAIDEN NAME 13. FATHER S NAME Anna M. Danker August F. Wagener IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 何也55 #4 Box 185 (Brother) (Yes, na, ar unknown) (If yes give war ar dates of service Mr. August H. Wagener Cape St. Claire,Md 214-40-5571 INTERVAL BETWEEN
SINSE AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b)) and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause os the priar to Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPS)
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO T for 20g. ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detache should be filed with the State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Nat While Haur a.m. factory, street, affice bldg., etc.) , ta Oct. 6, 1966, that (!) (2011 last 21. I certify that (1) (tickles wal) attended the deceased from 10 19 saw the deceased alive an Oct. 6. ____19**66** , and that death/occurred at_ M, from causes and on the date stoted above. 22b DATE SIGNED, 22a. SIGNATURE STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 121 Cathedral St., Annapolis, Md. NAME (Type) Gerard Church, M.D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (State) 23g. BURIAL, CREMATION REMOVAL (Specify) Baltimore, Maryland nct.10.1966 Lorraine Park Cemetery Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 Richard V. Singleton Glen Burnie. Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH, AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

136 13636 requires that the death certificate be executed within 24 haurs after death, Eath funeral and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before gamission) a. COUNTY papers. Pages 1 hin 72 haurs after MARYLAND TOWN (If aytside corporate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 write RURAL and give nearest town) e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS NO 2 Hos YES 3 NAME OF DATE First Middle Doy Year Last DECEASED OF DEATH 1966 (Type or print) CTOBE S SEX IF UNDER LYEAR IF UNDER 24 HRS. 6 COLOR OR RACE DATE OF BIRTS AGE (In years 7 MARRIED NEVER MARRIED last birthday) Months hours remay signed by the attending physician and ca burial-transit permit. Then please rema burial, crematian, ar remaval, and in any WIDOWED DIVORCED 10a USUAL OCCUPAT ON (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life even if retired)? COUNTRY? Courses 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME M MOWS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIA SECURITY NO Address #202 Thirdh (Yes, no, agunknown) [If yes give war or dates of service 220 -18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), NTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause priar tal has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a) be detached far use State Dept. af Health NO X YES O FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (City or town) (State) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) Hour a.m. Nat While factory, street, affice bldg., etc.) O HOSPITAL OR ATTENDING ot wark 21. I certify that (I) (this hospital) attended the deceased from_ 4, 1966, that (I) (we) lost 6 10 de directar, page 3 shauld shauld be filed with the and that death occurred at 27.M. fram causes and an the date stated above. saw the deceased alive on 22o. SIGNATURI 22b. DATE SIGNED ATTENDING MED. DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 204 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b DATE THEREOF (County) (Stote) REMOVAL (Specify Brooki NOV.4. 1966 FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) DATE



1			MARYLAND STATE DE DIVISION OF STATISTICAL RESEARCH AND RECORDS	PARTMENT OF HEALTH S. 301 W. PRESTON STREET. BALTIM	IORE 1. MARYLAND
# 'F '	ل سراء		13038 CERTIFICAT	E OF DEATH	13638
rs after death, by the funeral Pages 1 and 2	er deat	7	PLACE OF DEATH a. COUNTY A. Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived, 19 a. STATE Houseand b. CO	institution: Residence before admission)
urs afte n by the Pages	ours aft		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 1 40 AC	c. CITY OR TOWN (If offside corporate limits,	write RURAL and give nearest town)
24 hours filled in by	in 72 h	10	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
uted within 24 hours completely filled in by ove carbon papers. Pag	nt, with	3.	NAME OF FIRST MIDDLE EMILY S	ELBY 4. BATE MOODERATH OF DEATH	
executed within	япу еvе	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In year last birthda)	S I IF UNDER 1 YEAR IF UNDER 24 HRS.
	ame in	10a dur	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) HOUSTRY	11. BIRTHPLACE (County & State, or fereign coun	(COUNTRY) 12. CITIZEN OF WHAT
death certificate be te attending physicial permit. Then flease	removal	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME LEDGGE ADD A Ship	1/01/
eath certific attending p	n, or re	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? no, or unknown) (If yes pive war or dates of service) 7	RS. Mae HARding - L	Vishing to DC
the de n. by the	rematio		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Quette myoca	udial interes	INTERVAL BETWEEN ONSET AND DEATH
requires that nding physician been signed the burial-tra	urial, c		Conditions, if any, which) DUE TO Hypertensive	Cardiovascula	
requirently requires been so the b	ior to b		gave rise to immediate cause (a), stating the underlying cause last.	1	
PHYSICIAN: The law requires that the hospital or attending physician, this certificate has been signed betached for use as the burial-tran	ealth pr	CERTIFICATION	PART II. OTHER SIGN IFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN	INPART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
ICIAN: tospital certifical	ot, of H	CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part i	of Item 18.)
G PHYS by the h	iate Deg	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. While at work at work	ACE OF INJURY (Home, farm, ory, street, office bidg., etc.)	(County) (State)
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death (Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the atter director, page 3 should be detached for use as the burial-transit permit.	h the Si	_	21. I certify that (I) (this hospital) attended the deceased from	Tarch 2, 1964, to Oct 2 It death occurred at 3 oc AM, from the cause	6, 1966, that (I) (we) last
OR AT y be rei DIRECT	led wit	_	223 OIGNATURE 1. Cousled M.	ATTENDING MED. STAFF	22b. DATE SIGNED
DSPITAL e 4 ma NERAL ctor, pa	ld be		22c. PHYSICIAN'S ED MOND I. MOUSHABE	5-10 MARLEY STAT	190/ ROAD
TO HI Pag TO Fu	Sp.	238	VIAN (Specify) 16-29-66 Springfield	1 Cemetery Sykesu	town or county) ((State)
VR AI5 (4 20M 1/6		24	Harry W. Haight Sykewille,	Ma. 250. REC'D BY REGISTRAR 25b. DATE OCT 3 1 1966	Actionles Judge
20M 1/65	,				7



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13634 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH Acion and completely fulled in by the funeral please remove corbon papers. Pages front in any event, within 72 hours affer degit b COUNTY o. COUNTY Anne Arundel Maryland MARYLAND CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) CLENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Tracys Landing -RURAL
d. STREET ADDRESS Annapolis 9 daylire e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO F Anne Arundel General Hospital 3 NAME OF Middle DATE Year Inst Doy DECEASED (Type or print) 19 66 Oct. William Moulden DEATH 9 AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED **NEVER MARRIED** lost birthgoy) Manths Days Haurs WIDOWED DIVORCED 8-13-87 Male White 12 CITIZEN OF WHAT 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, ar fareign country) COUNTRY? during mast of warking life, even if retired) INDUSTRY H.S. Farming Maryland

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Then or remove John W. Sherbert Annie Crosby IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give wor or dates of service) 31 BL 36 SOCIAL SECURITY NO. 17. INFORMANT 6144 St., N.W. Naomi Ruppert Washington cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the buriol-tronsit puriol-tremotic ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) DUE TO mis Clare lenkman Canditians, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause os the prior to the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART I? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health p for use NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 20o ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Manth, Doy, Year Nat While factory, street, affice bldg., etc.) at work L Poge 4 may be retained by M, fram causes and an the date stated above. 19 66that (I) (we) last 21. 1 certify that (1) (this haspital) attended the deceased fram 9-30 19.66 to Oct 9 66, and that death accurred at saw the deceased alive an 22a SIGNATURE M.D. DIRECTOR PHYS. PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Lothian Maryland Pmily Wilson. director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) DATE THEREOF 23o. BURIAL, CREMATION, REMOVAL (Specify) Friendship Chr. Cemetery Friendship, A.A.Co. Md. Bunial 2Sq REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) * 20 M 1/66 56

9 . .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. county ne a. COUNTY arvland Arundel bon papers. Pages 1 within 72 hours after Anne Arundel by the MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Arnold .5 Glan Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS 24 80x - 96 B North Arundel Hospital Rt/ YES NO . executed within completely carbon NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF net. 10 66 SHERWOOD (Type or print) DEATH 19 5. SEX 6. COLOR DR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. ешоле. 7. MARRIED X NEVER MARRIED last birthday) | Months | Days Hours and 1904 62 DIVORCED | Sept. WIDOWED White Male lease re and in a 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) Ian during most of working life, even if retired) COUNTRY? physici n pleas U.S.A. N/C II.S. Armv removal, FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending permit. Then The law requires that the death certif Unknown Jaknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) \ (If yes give war or dates of service) 16. SOCIAL SECURITY NO. transit permit. 17. INFORMANT Address Home, Louisville, Ky Funeral 409-30-0953 Arch L Heady INTERVAL BETWEEN 18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c).] burial-transit | burial, cremati ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: minne **D HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) been gave rise to immediate 라라 DUE TO cause (a), stating as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health p PERFORMED? certificate CERTIFICATI NO T YES T 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW (NJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) hed f be detach State Dept After this MEDICAL 20e, PLACE OF INJURY (Home, farm, I (County) (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While at work Not While at work p.m. 19 TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 3 196 that (I) (we) last and that death occurred at 10:3M, from the causes and on the date stated above. 1966 saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING unicezm DIRECTOR M.D. PHYSICIAN'S **ADDRESS** 22c. 22d. director, p should be NAME (Type) LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. REMOVAL (Specify) City. .1966 Montevista Cemetery Johnson Tenn REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR I 25b. leton Funeral Home/Glen Burnie, Md. VR A15 (4) 20M 1/65



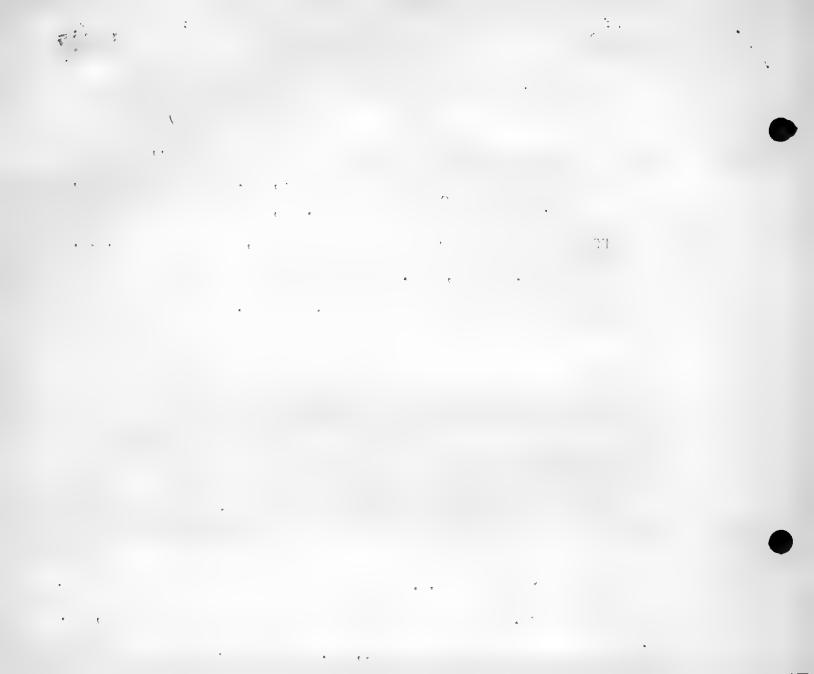
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13640 CERTIFICATE OF DEATH deoth requires that the death certificate be executed within 24 hours after death puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) the ottending physician and completely filled in by the funeral sit permit. The preplece remove carban papers. Pages 1 and · COUNTine Arundel o. STAMeryland b. COUNTY Anne Arundel MARYLAND vaithin 72 hours after b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) wate RURAL and give recrest town) Pasadena 2 wks. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? RFO 5 Box - 185 Rav Manor N/ Home YES NO T 3 NAME OF Midd e First Lost 4 DATE Month Dov Year DECEASED SMITH OCTOBER 19 66 ANNA 16 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX B DATE OF BIRTH 9, AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lest birthdoy) Oct. 1896 White Female WIDOWED DIVORCED 100 USUA: OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even fretired) COUNTRY? pap Balto. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or rembyo Micael Ward Anna L. Schem IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 212-0**5-**48228 Herbert J. Smith - Same as # 2(husbamd) cremation. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to signed by DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO os the stoting the underlying cause by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been last. PART II OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? for use Health NO C 205 SESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [detached for the Dept. of h OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f _(City or town) (Stote) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) -factory: street, office bldg , etc.) of work 21. 1 certify that (1) (this haspital) attended the deceased fram Q ^ 196 , that (1) (we) last Page 4 may be retoined should saw the deceased alive on 10 - 16 and that death occurred at FAM, from causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS M.D. PHYS. director, poge should be filed 22d.≠ADDRESS 22c PHYSICIAN'S NAME (Type) LOCATION (City or Town) 230 BURIAL, CREMATION 23b. DATE THEREOF Burial (Specify) 1966 New Cathedral Cemeterv Baltimore, Maryland 25b. REGISTRAR S SIGNATURE 25o. REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) Funeral Home/Glen Burnie, MarylandAME Sinoleton



A STATE OF THE PARTY OF THE PAR		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
		13541 CERTIFICATE OF DEATH
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d within as Fages hours after		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 10 REFWER AVE. 10 REFWER AVE. 10 REFWER AVE.
cute plete apen 72		NAME OF DECEASED (Type or print) CHARLES R. SMITH 10 13 1966
n and comi carbon p		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 4-27- 85 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
certifica physicia remove any eve	40	LUSUAL OCCUPATION (Give kind of work per line) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Country) 8 State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? RECTOR ADD LIS MOTHER'S MADE NAME
anding	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT HAWKINS
the att	ITA	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] DOROTHY E. SMITH # 2 INTERVAL BETWEEN
quires i hysician ned by it permit n, or re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10] COCONNEY THROW 50 5/5 ONSET AND DEATH LOMIN.
The law re attending pi nas been sign burial-transi rial, crematio		Conditions, if any, which gave rise to immediate ceuse (a), stelling the underlying cause lest. DUE TO (b) ARTERIOS CLEROTIC HEART DISEASE LOYRES (c)
ital or icate has the to buri	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT PART 1.
PHYSIC the hosp this certif for use Ith prior	CERTIFI	QDa. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. [Enter nature of injury in Pert I or Part II of Item 18.] QCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
NDING by the Affer of Hear of Hear	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20a PLACE OF INJURY (Home, farm, 20f. (Cily or town) (County) (State) ### PLACE OF INJURY (Home, farm, 20f. (Cily or town) (County) (State) ### PLACE OF INJURY (Home, farm, 20f. (Cily or town) (County) (State)
CTOE Duid be		21. I certify that (I) (this hospital) attended the deceased from 1.1.1.5
A She She		228 SIGNATURE ATTENDING MED. ATTENDING MED. PHYS. DIRECTOR PHYS. 22b. DATE PHYS. DIRECTOR PHYS. 22b. DATE 22c. PHYSICIAN'S 22c. ADDRESS 22c. ADDRESS
O HOSPITA death. Page O FUNERAL director, page be filed with	23a	NAME (Type) EDWARD S. BECK PRANKLIN ST. HWNAPILIS, MD. BURIAL, CREMATION, 236. DATE THEREOF, 23c. NAME OF CEMETERY OF CREMATORY 1 23g. LOCATION (City, Igwn or county) (State)
O D D D D D D D D D D D D D D D D D D D	24	FUNERAL DIRECTOR'S MATURE) ADDRESS POPULATION OF THE PROPERTY AND ADDRESS 250. REC'D BY REGISTRAR 250. REG'STRAR'S SIGNATURE
15M 7-62	4	hr M. Joy For A Hous Chunepole, Md. DATE UI 40 Pranles Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13643 CERTIFICATE OF DEATH 24 hours after deoth 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY n STATE L COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie Glen Surnie d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? #21 New Jersey Ave., N/W North Arundel Hospital NO X requires that the deoth certificate be executed within 3. NAME OF Middle 4 DATE DECEASED (Type or print) JF DEATH OCTOBER **EDMARD** HARRY S SEX 6. COLOR OR RACE 9. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** 45 b rthdoy) Jan. 25, 1920 DIVORCED WIDOWED Male Mhite 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) American Oil COUNTRY? Colgate, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal. Reulah Hackett E. Smith. Harry Sr. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 216 07 8776 Mrs. Marie V. Smith (wife) Same As #2 signed by the offer buriol-transit permit burial, cremotion, o Yes 18. CAUSE OF DEATH (Enter only one couse per-lige for (a), (b) and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse of Health prior to O FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) YES NO 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter nature of miury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER! 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While of work 3-1(-, 1966, to 10-17-, 1966, that (1) (we) last 2). I certify that (I) (this hospital) attended the deceased fram 3-14-, 1966, to 10-17-, 1966, that (I) (we) last saw the deceased alive on 18-17- 1966, and that death accurred at 424 M, from causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) I mas Saulynas ... 319 Old Annapolis Rd. Terndale director, should b 230 BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Oct. 20/66 Glen Haven Memorial Parkk Glen Burnie, Md. 24. FUNERAL DIRECTOR Singleton Dore Home 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1966 20 M 1/66 Glen Burnie, Md. DATE



1	MARYLAND STATE DEPARTMENT OF HEALTH
FOD OTLE	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FUK STATE	13848 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13644
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY CA 2. USUAL RESIDENCE (Where deceased lived, if institut on: Residence before admission) b. COUNTY b. COUNTY
Page 8	MARYLAND MARYLAND
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famy he fin retai dea dea	DECEASED OF
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deal d 3 lay with	last birthdey) Months Days House Min
There is a second of the secon	WIDOWED DIVORCED JOURNATION (GIVE kind of work 10b. KIND OF BUSINESS OR INDUSTRY) II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY)
2 - 8 - C	dona during Name Haltimore, Md. USA
A3. Page	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
n 24 live P le par le par le par	(unknown) Smith Joan Biana Smith
/計 28. G 67. G 17. F 17. F 18. G	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyesgivewerordetesofservice)
ed vith 1	no nome nome Mr. Richard Straud (Step-Grandfather) Same
n decut	18. CAUSE OF DEATH (Enter only one cause per line for (e) (b), and (c).] PART I. DEATH WAS CAUSED BY:
exection along along transit and it	IMMEDIATE CAUSE (o) _ Drunny
d be	929. X DUE TO
locing 및 현	Conditions, if any, which (b) gave rise to immediate cause
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TEX To a	PERFORMED?
wo wo dical	20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natural of Injury in Part I or Part II of fam 18) PRIMARY or CONTRIBUTING CAUSE OF DESCRIBE HOW INJURY OCCURED, (Enter natural of Injury in Part I or Part II of fam 18)
Med Med	PRIMARY OF CONTRIBUTING CONTRIB
IINE iting hief buris	\$ 20c. TIME OF INJURY Month, Dey, Yar 20d. INJURY OCCURRED 20e. PLACE OF .NJURY (Home, farm, 20f. (City or town) (County) (Stata)
Pag Pag	20c. TIME OF INJURY Month, Day, Yes 20d. INJURY OCCURRED 20e. PLACE OF .NJURY (Home. farm, 20f. (City or town) (County) Hour e.m. D.m. 10/9 19/6 at work at
Cate To the prior	21 I certify that I took charge of the remains described above, held an Autopsy nspection I Inquiry and in my opinion
E German	death resulted from: Natural causes Accident Suicide Homicide Undetermined manner
Certification of the second of	CHIEF MEDICAL EXAMINER
Par Par	ACTUAL ASSISTANT MEDICAL EXAMINER DATE SEGNED
PUTY executed be for the NERAL Edesignated	EXAMINER'S DEPUTY MEDICAL EXAMINER
Se ex sould tould UNE UNE UNE	NAME (Type) - Address (Streat, city, town, or county)
D 8 4 14 17	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
5 <u>5</u> 4 0 g	Burial October 12, 66 Glen Haven Memorial Park Glen Burnie Mr. 23. FUNERAL DIRECTOR ADDRESS 246. REGISTRAR;
VS. AISME	007:01000 101
3M 7/00	Richard V. Singleton Glen Burnie, Md. DATE UCI 13 1856 Charles Judge



MARYLAND STATE DEFAULTER OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/SS



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13645 requires that the death certificate be executed within 24 haurs after death attending physician and completely filled in by the funeral permit. Then please remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY Anne Arundel
c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Anne Arundel MARYLAND b. CITY OR TOWN (if autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 Brooklyn Park Brooklyn Park
d. STREET ADDRESS 10 years d NAME OF HOSPITA, OR INSTITUTION (If not in haspital, give street oddress) e IS RESIDENCE ON A FARM? 110 Seward Ave. L10 Seward Ave YES NO 🚾 3 NAME OF First Lost DATE Month DECEASED ELIZABETH KATHERINE SPENCER October 16 (Type of print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS S SEX 6. COLOR OR RACE 8 DATE OF BIRTH AGE (In years 7 MARRIED **NEVER MARRIED** last birthday) Davs Hours Female Sept. 15. 1892 White WIDOWED DIVORCED TOO USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Housewife

13. FATHER'S NAME Maryland
14. MOTHER'S MAIDEN NAME Adam Helmstetter Annie Miller IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) [(If yes give war ar dotes af service) 16. SOCIAL SECURITY NO 17 INFORMANT Address permit. ь No Margaret Spencer (same 18 CAUSE OF DEATH (Enter only one cause per time for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH 1771 DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) far use NO S the haspital ar 20o ACCIDENT WAS UNDERLYING [7] 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While at work at work Page 4 may be retained by 21. I certify that (I) (this haspital) attended the deceased from how 1, 1957, to 10/16, 1964 that (I) (we) last saw the deceased alive an 10/15 1964 and that death accurred at 350 M, from causes and an the date stated above. 22b DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. MED. DIRECTOR Oct. 17, 1966 Sochent work M.D. 22d. ADDRESS 22c PHYSICIAN'S Andrew R. Sosnowski, M.D. NAME (Type) 4016 Ritchie Highway directar, 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) Ritchie Hgwy A A C

BY REGISTRAR 256 REGISTRAR'S SIGNATURE Oct. 19, 1966 Holy Cross Cemetery 2Sa. REC'D BY REGISTRAR Laylen VR A15 (4) George J. Gonce-hool Ritchie Hgwy., Baltimore 1966 DATE 20 M 1/66

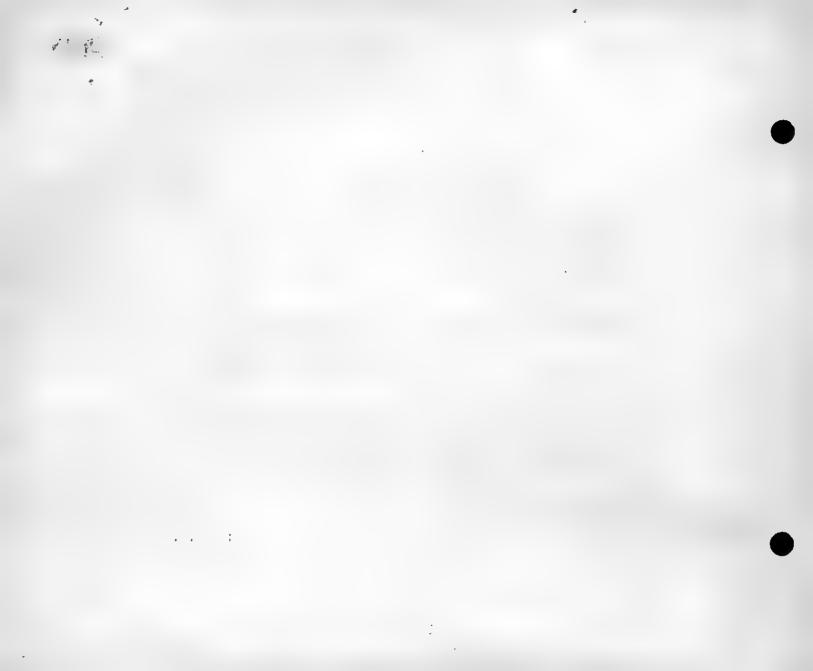


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13647 13646 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) delay is and 3 to M3 Page o COLNTY MARYLAND b CITY OR TOWN (if outside corporate I mits, C JENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest Jown) P.M3 wr to RURAL and give nearest town) Severna Severna d NAME OF HOSPITAL OR INSTITUTION (If not in-hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? haurs G ve Pages after death along with 3 NAME OF Middle 4 DATE Year DECEASED 28 wet 0 1066 Within DEATH (Type or print) S SEX 6 COLOR OR RACE AGE F UNDER 1 YEAR IF UNDER 24 HRS 7 MARR ED NEVER MARRIED lost birthday) Months Davs Hours D VORCED WIDOWED haurs CV 10a USLAL OCCUPATION (Give kind of work done TOP KIND OF BUSINESS OR BIRTHPLACE (State-or fareign country) 12 CITIZEN OF during most of warking Lie, even firetired) Examiner's 13 FATHER S NAM 14 MOTHER'S MATTEN NAME be executed within pencil 를 15 WAS DECEASED EVER IN L.S. ARMED EORCES? 16 SOCIAL SPOORITY NO INFORMANT remayal. (Yes, no or which the first of yes a ve war or dates of serv ce) 16 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY Ы MMEDIATE CAUSE (o) ward This certificate should crematian, Conditions if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse farwarded last burial, 19 WAS AUTOPS PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES X NO please execute the certificate. agent, prior to 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of item 18.) PRIMARY Or CONTRIBUTING shauld MEDICAL EXAMINER: CAUSE OF DEATH 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c TME OF INJURY Month, Day, Year 20d NJURY OCCURRED foctory, street, office bldg, etc.) Not While FUNERAL DIRECTOR: Page of work ar its designated 2) I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection [Inquiry . and in my opinion the funeral directar. death resulted fram. Natural causes Accident [Suicide ... Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Werner U. Spitz, M. Health (Address (Street, city town, or county) CREMATION. 23b DATE THEREOJ NAME OF CEMETERY OR CREMATORY 23d LOCKTION (Effy or Town) 50 250 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb. VR A15ME (5) NOV 1966 6M 1/66



1	Division of STATISTICAL RE	SEARCH AND RECORDS, 301			AND 21201	
	13647	CERTIFICATE	OF DEATH		13648	\$
力瓦	PLACE OF DEATH			Where deceased lived, if institut		missian)
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	write RURAL and give nearest town) Annapol is		Anna	polis		
Г	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspit	al, give street address)	d STREET ADDRESS		e IS	RESIDENCE
	Anne Arundel Genera	1 Hospital	503	Bowman Drive	YES	N A FARM?
j	NAME OF First	Middle	Last	4. DATE Mant	h Day	Year
	(Type or print) Carrie	Elizabeth	THOMAS	OF DEATH October	- 17	19 66
5	SEX 6 COLOR OR RACE 7 MARR		DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF	UNDER 24 HRS.
	Female Negro WIDOW	_	ecember 21.	1895 70 yrs.	Manths Days H	aurs Min.
1(T CHAIT TO TO	KIND OF BUSINESS OR		& State or fareign country)	12. CITIZEN OF WE	IAT
dı	uring post of working the, even it befred)	INDUSTRY		Maryland	COUNTRY?	U.S.
1	3. FATHER'S NAME		14, MOTHER'S MAIDEN,			
1	TILL EMIED GOT	res	mant	tice Dia	nKNO	el
ľ	5 WAS DECEASED EVER IN U.S ARMED FORCES?	16 SOCIAL SECURITY NO. 17 U	FORMANT	Addre	255	1021
(Yes, na, ar unknown) (If yes give war ar dates of service)	\mathcal{L}	16 Vicani	Machina	DHEW	MILL.
F	1B. CAUSE OF DEATH (Enter only one cause or line	far (a), (b), and (c))	1)			AL BETWEEN
	1B. CAUSE OF DEATH (Enter only one cause for line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (1)	the Tares	ay ac	restont	ONSET	AND DEATH
	DUE TO 2	15	0 1	0. 0	12cenze	,
	Canditions, if any, which gave	therlander	Carro	wasco an	1.0	1/30
	rise to .mmediate couse (a), DUE TO	1			~ /	
	last (c)					
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN IN PART I(a)	19 WA	S AUTOPSY FORMED?
ATIO					YES	
CFRTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING COAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in	Part I ar Part II of item 1B.)		
CFB	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20	d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm	n, 20f (City or town)	(Caunty)	(State)
ME	p.m. '' or	wark 🗀 at wark 🗀	ury, street, affice bldg., etc.		1	
	21. I certify that (1) (this hospital) at	tended the deceased fram	, 1	19, ta/ <i>[2-19]-</i>	66, 19, that	
	saw the deceosed alive on 10 - 11	🦻 🏕 👉 19, and that	death occurred at	M, fram causes	and an the dote s	tated abav
	22a. SIGNAFURE	10	ATTENDING 🗡	MED STAFF	22b. DATE SIGNED	
	ines (cho	M.D). PHYS. A	DIRECTOR PHYS L]	
	22c. PHYSICIAN'S NAME (Type) A 1 5 7	ALLEN	22d. ADDRESS	Thedal	57	
2	30 BURIAL, (REMAJ ON, 236 DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR C	REMATORY 1/1/	22d COCATION (City or To	own) (County)	(State)
-	24 FUNERAL DIRECTOR	ADDRESS)	250 PFC'I	D BY REGISTRAR 2Sb 80	GISTRAR'S SIGNATURE	100
	111011com Ronno	4- [[1110]	DATEOC		Charles Ju	der.
	When I been t	TUVVII USI	DAILS			0

ALABAM AND CTATE DEDARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13645 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death and campletely filled in by the funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) AKNE ARUNDEL CLOWSVILLE o. STATE b. COUNTY MARYLAND b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) write RURAL and give nearest town) ALTIMOR d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? WOODVIEW HOSP YES NO [NAME OF First Middle Lost Year DECEASED (Type or print) OF DEATH THOMAS S SEX IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE Manths Doys Haurs WIDOWED DIVORCED 11 BIRTHPLACE (County & State or fareig i country) TDo USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b, KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY? 13 FATHERS NAME Georgia Macon 14 MOTHER'S MAIDEN NAM attending phys permit. Then pian ian, ar remanal POWELL JOR POWELL IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN' Address (Yes, no, or unknown) (If yes give war or dates of service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) HEART INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH FAILURE - MYOCARDIAL ARTERIO-SCLEROTIC CARDIO-VASCULAR DISEASE Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause the O FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? ARTERIOSCLEROSIS YES NO [Į. 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (State) Not While factory, street, affice bldg., etc.) at wark Page 4 may be retained by 21. I certify that (I) (this haspital) attended the deceased from In and that death accurred at LLPM, fram causes and on the date stated above. saw the deceased alive an 22a, SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR 22c. PHYSICIAN 22d. ADDRESS NAME (Type) director. 23a BURIAL CREMATION 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) PANOVAL STREETY) 11/2/66 Calvary Cemetry County Md ADDRESS 2Sb REGISTRAR'S SIGNATURED 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR ADOLPHUS 1966 Markey VR A15 (4) HALSTEAD 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13649 death requires that the death certificate be executed within 24 haurs after death and 2 USUAL RESIDENCE (Where deceased fived, if institution. Residence before admission I. PLACE OF DEATH b. COUNTY ARUNDEL MARYLAND and campletely filled in by the fur remave carban papers Pages 1 in any event, within 72 haurs after c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (I autside carparate mits write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b 1 mo 23 days FT GEO G. MEADE, MD BALTIMORE, MD d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RES DENCE ON A FARM? d. STREET ADDRESS REISTERTOWN RD KILLROUGH ARMY HOSPITAL 3. NAME OF Middle Last DATE Manth Doy Year DECEASED (Type or print) OCT 19 66 DEATH MMT THOMPSON JOHN IF UNDER 24 HRS S. SEX AGE IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH (In years hirthdoy) Manths May 15, 1898 Days Hours WIDOWED DIVORCED MALE 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 100 USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? dase U.S. Army Cambridge, Maryland Retired Servicemen
13. FATHER'S NAME IISA 14. MOTHER'S MAIDEN NAME signed by the attending physical burial-transit permit. John Thompson Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) Mrs. Thompson, 3431 Reistertown Road, Balto, Md INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Artereosclerotic Heart Disease IMMEDIATE CAUSE (a) the haspital ar attending physician. DUE TO Chronic renal disease & Congestive Heart Failure Conditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying cause as the has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use te Dept, of Health YES 3 NO T TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. of Healt's 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 1B.) 200 ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or lown) (County) (Stote) 20c TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Not While at wark at work 21. I certify that \$0 (this haspital) attended the deceased fram_saw the deceased alive an 15 Oct 19 66, and that 20 Aug 19 66 to 15 Oct , 19_6¢ that ₹6) (we) last 19 66, and that death accurred at 11:45M, fram causes and an the date stated above. 22b. DATE SIGNED 15 OCT 66 220. SIGNATURE MED. DIRECTOR STAFF PHYS. M.D. PHYS PWSCIAN'S NAME (Type) LYNN W. HOLDER, CPT, MC 22d ADDRESS 220 KIMBROUGH ARMY HOSP.FT GEO G MEADE.MD 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g BURIAL, CREMATION, (County) (State) BURTAL (Specify) Oct.1966 ARLINGTON NATIONAL. CENT A PLT CTON VO VR A15 (4) DATE OCT 26 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. STATE Maryland b. COUNTY p. COUNTY Anne Arundel MARYLAND C. LENGTH DE STAY IN 16 b CITY OR IDWN (If autside corporate mits, c EITY DR TOWN (If autside corparate limits, write RURAL and give nearest town) write RuRAL and give nearest tawn VIS Baltimore Crownsville llda e IS RESIDENC d NAME OF HOSP TAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS and in any event, within 72 ON A FARM? filled i Crownsville State Hospital 2209 W. Saratoga Street ND X DATE Month NAME OF Middle Lost Year carban First Dov 66 DECEASED 10 14 Timberlake Annie #21570 DEATH (Type or print) IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (n years S SEX 6 COLOR OR RACE NEVER MARRIED 7 MARRIED remaye Months Dovs Hours 10/18/1890 Negro Female WIDOWED K DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN DF WHAT 100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUS-NESS OR COUNTRYS A during most of working life, even if retired) INDUSTRY Virginia 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Rena Purnell Unknown 17 INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Hospital Records Unknown. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p burial, cremation ONSET AND DEATH Congestive Heart Failure PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. DUE TO Arteriosclerotic Cardiovascular Disease Conditions, if any, which gove nse to immediate couse (o). DUE TO stoting the underlying couse be detached far use as the State Dept. af Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION Cerebro-Vascular Accident - Generalized Arteriosclerosis NO 🔼 this certificate 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part t or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stote) 20d. INJURY DCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Day, Year foctory-eleet- office bldg., etc.) Hour o.m. While Not While at work 13**:20** 19**66**, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. to. 1966 and that death accurred at M. fram causes and an the date stated above. saw the deceased alive an DIRECTOR: 22b. DATE SIGNED 10/14/66 220. SIGNATURE **ATTENDING** STAFF PHYS. X DIRECTOR M.D. PHYS page 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL Benedict. director, po shauld be f NAME (Type) Crownsville State Hospital, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) DAJE THEREOF (Stote) 23o. BURIAL CREMATION REMOYAL (Specify) 0 surial 25o, REC'D BY REGISTRAR 2Sb. FUNERAL DIRECTOR VR A15 (4) Arolins DATE OCT 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 havrs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funeral remove carban papers. Pages 1 and PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Anne Arundel Maryland MARYLAND Anne Arunde b CITY OR TOWN (If autside corporate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 write RURAL and give nearest tawn)
Annapolis hours 1 day Gambrills d NAME OF HOSPITAL OR INSTITUTION (finat in haspital, give street address) e IS RESIDENCE d STREET ADDRESS within 72 ON A FARM? Anne Arundel General Hospital Tulip Lane YES NO [3 NAME OF Middle 4 DATE Yeor Day DECEASED Hugh Terrence (Type or print) TOBIN DEATH October 9 AGE (In years 1 YEAR S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH IF UNDER IF LINDER 24 HRS ost birthday) Months Days Hours Min. October 23,1966 White DIVORCED Male WIDOWED 10o USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Newborn INDUSTRY COUNTRY? Anne Arundel, Maryland U. S/ 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Mabel Frances Thomas John Richard Tobin signed by the attending burial-transit permit. It IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war as dates of service) Hospital K ecords None No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH ANOXIA IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause as the Page 4 may be retained by the haspital ar attending has been 19. WAS ALTOPS)
PERFORMED?
YES NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) ed far use of Health r PHEUMONIA NO TO FUNERAL DIRECTOR: After this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER directar, page 3 shauld be detache shauld be filed with the State Dept. 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) Not While at wark at wark Oct. 23 19 66, that (1) (We) lost Oct. 23 2). I certify that (1) (1900-1200-120) attended the deceased from sow the deceosed glive on ect. 23. and that death occurred et of Mufram causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Sherman S. Robinson, M.D. Hahn ProfCent., Severna Park, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 230 BURIAL, CREMATION, (County) REMOVAL (Specify) 10/26/1966 Lady of The Fields Gambrill Md. A. Burial 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Glen Burnie, Md. Ratmond C. Fink 20 M 1/66 DATE



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. CQUNTY **b** COUNTY MARYLAND ANNE HRUNDE b. CITY OR TOWN (if outside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give pearest town) RURAL and give nearest town) HNNAPOlis d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF 4. DATE Month DECEASED DEATH (Type or print) 6 COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 8 DATE OF BIRTH 9. AGE (In years MARRIED NEVER MARRIED last birthday) Months WIDOWED IT DIVORCED [3 yrs. 10a USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during may of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Address SOCIAL SECURITY NO 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY (MMED, ATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY 20°C. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, 20d. INJURY OCCURRED Day, Year factory, street, office bldg., etc.) Hour a.m White Not while at wark at work p. m 21 I certify that (I) (this haspital) attended the deceased from. 6 and that death accurred at 234M, from the causes and an the date stated above saw the deceased alive an 22a SIGNATURE MED DIRECTOR 22c. PHYSICIAN'S 3 should NAME (Type) 23b. DATE THEREOF COCATION (City, town, or county) 23a, BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY

13653

e. IS RESIDENCE

Day

Days

(County)

25c. REC'D BY REGISTRAR

DATE

ON A FARM? YES NO V

Year

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INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO T

that (I) (we) last

(State)

(State)

SIGNED

VR A15 (4) 15M 9/59

FUNERAL DIRECTOR'S SIGNATURE

ő DIE

Page

death,



MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201. 2 13654 CERTIFICATE OF DEATH in and campletely filled in by the funeral see remove carbon papers. Pages 1 and 2 and 12 hours after depth. The law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If autside corparate limits, write RURAL and give necrest fown) CLENGTH OF STAY IN 15 26 days RURAL - Annapolis Annapolis d STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) Rt-4, Box-67 Anne Arundel General Hospital YES NO 3 NAME OF Middle Lost 4. DATE First Month Year DECEASED (Type or print) 19 66 October WAJBEL Karol Frank DEATH S. SEX 6 COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED last birthdoy) Months Haurs Oct. 18, 1882 White WIDOWED DIVORCED Male 11 BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done COJUTRYS during most of working life, even if retired) INDUSTRY Poland the attending physicial sit permit. Then please Scaler (ret.) Reth. Steel 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal Veronica (unknown)
Address Cape St. Claire Malter Ma ibe 16. SOCIAL SECURITY NO. 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FÖRCES? (Yes, no, or unknown) (If yes give wor or dates of service) Annapolis, Md. 215 05 7214 Mr. Amiel B. Waibel (son) crematian. ONSET AND DEATH IB. CAUSE OF DEATH (Enter only one couse per une for (a), (b), and (c).) burial-transit p PART I. DEATH WAS CAUSED BY Prewnenia signed by IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gove Bronchogenic carcinoma (primary) w Years rise to immediate cause (a), DUE TO tar use as the L f Health priar ta b stating the underlying cause Page 4 may be retained by the haspital ar attending IO FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Arteriosclerosis, Left hemiparesis, Uremia due to undetermined cause YES 🗍 NO X 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [detached f te Dept. af I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) OR ATTENDING at work at wark 2). I certify that (1) (tricklespital attended the deceased fram Sep 10. 19 66 ta Oct. 6 ____, 19.66, that (I) (3624 last 1966, and that death accurred at M, fram causes and an the date stated above. saw the deceased alive on Oct. 6. 22b. DATE SIGNED 22a, SIGNARURI ATTENDING STAFF director, page 3 shauld be filed v M.D. DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) SouthRivMedCent. Edgewater Md. Charles W. Kinzer, M.D. 23a. Burial, Cremation, REMOVAL (Specify) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 250 RECD BY REGISTRAR 256 REGISTRAR SIGNATURE Holv Cross Cemeterv Oct. 8/66 256 REGISTRAR S SIGNATURE 1966 Charley Singleton Funeral Home Glen Burnie, Md. DATE

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4	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR OTHER	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAND
FUK STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 136	58
HEALTH DEPT.	2. USUAL BASIDENCE (Where decessed lived, If institution, Residence	besory bdinission)
ु हैं हैं	MARYLAND . STATE 4	1
ecessar itor. Pag ur files.	b. C.TY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. gitty OR TOWN (if outside corporate limits, will a RURAL and give nearest town)	rest town
your	12-1-11/11	
for diagram	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	. IS RESIDENCE
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E B TO IN	3. NAME OF First Middly Lest 4. DATE Month Day	Your
o the o the the the	(Type or print) (If x 2670 /1/ 1/ C 20 DEATH /1) - 44	1966
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\$ 60 D 10 F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC.AL SECURITY NO. 17. INFORMANT Addiess Addiess	4
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6	IMMEDIATE CAUSE (e) DURNS- 16 +AL - JV9.	_
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shour should be should	Conditions, if any, which (b)	_
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iffice marine sed crea	cause lest. (c)	
Ex Cert	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YES 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) CAUSE OF DEATH.	WAS AUTOPSY PERFORMED?
This c wor sical ald b burk	YES	NO NO
the wheeling should should be be	20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	
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	Hour e.m. While Not While factory, street, officegoidg., etc.]	(Stele)
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FA# PEB		my opinion
EDIC arde DIREC	death resulted from Natural gauses Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER	
2 %	SCTUSI / L	E SIGNED
2 2 2 2	DEPLITY MEDICAL EVAMINES I	F SIGNED
DEPUTY Base exects should be FUNER!	EXAMINER'S NAME (Type) Address (Street, city, town or county)	4-66
DEPUTY should be FUNERAL ealth or its	226. BURIAL, CREMATION 226. DATE THEREOF , 222 NAME OF CEMETERY OR CREMATORY 1224 TOCATION (CITY HOWN, OF COUNTY)	Astoro
5 4 5 ±	BILLICA D-7-1966 MITADIEN Zethian MA	5
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5M 1/62	11/1/2/1 @ 22/ R. E. W. # (& W. M.)/ 1. DATE OCT 6 1966 OCHOUSE	0 .
W	The state of the s	Judge -
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAI	LTIMORE 1, MARYLAND
FOR STATE 13856 MEDICAL EXAMINER'S CERTIFICATE OF DEA	TH 13657
	fived, If institution: Residence before edmission)
Anne Arundel MARYLAND b. CITY OR TOWN (if outsige corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits,	b. COUNTY
	mits, write RURAL and give nearest town)
Severna Park	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	IS RESIDENCE ON A FARM?
North Arundel General Hospital Box, 406 Route	2
Mathei no	Month Day Year
GERALD A. WALKINS	10 10 19 66
male White	(In years IF UNDER 1 YEAR IF UNDER 24 HRS. inthday) Months Days Hours Min.
WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or topoign country)	2 Oyrs. 12. GTIZEN OF WHAT COUNTRY?
done during most of working life even if retired)	USA
13. FATHER'S NAME	2.3
Lilliam Wathing Selly Mag	Walley mod
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) [(Ifyresgivewerprefetersofservice)]	Address
BEEEE USES Levelella White R	+ 1 B,406 5 P CC M
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Shotgun Wound of Chest	INTERVAL BETWEEN ONSET AND DEATH
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DUE TO	
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(e), sranng the undertying	
× 0 F X 3	TION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY
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声 (うち 5) 注 20a、 EXTERNAL CAUSE WAS 20b、 DESCRIBE HOW INJURY OCCURED. (Entar nature of Injury in Part I or Part II of Item 18	
E die e e	
E D D D D D D D D D D D D D D D D D D D	n) (County) (State)
12:00 10/10 19 66 of work Home Severna 12:11 certify that I took charge of the remains described above, held an Autopsy X, inspection	Park Anne Arundel Md.
21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection ,	Inquiry and in my opinion
287M8	nined manner
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SIGNATURE DEPUTY MEDICAL EXAMINER X	
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NAME (Type) NAME (Type) NAME (Type) Address (Street, city, fown, or county) 22a. SURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY ADDRESS (Street, city, fown, or county) 22d. LOCATION (C	ity, town, or country) (Stelley)
09409 1	leetier mel.
VS. A15ME P3. FUNERAL DIRECTOR ADDRESS ADDRES	46. REGISTRAR'S SIGNATURE
5M 9/60 DATE OUT DATE	00 xuanely Judge



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH e attending physician and completely filled in by the finneral permit. Then please transcore carbon papers. Pages 1 and 2; ion, or removal, and it and the within 72 hours after death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY after MARYLANO b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town hours corrac? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS B. IS RESIDENCE ON A FARM? certificate be executed within 3. NAME DE DECEASED Fire Middle / DATE Month Day (Type or print) DEATH 19 5. SEX 6. COLDI DATE OF AGE (In years IFUNDER 1 YEAR) IF UNDER 24 HRS 9. MARRYEN NEVER MARRIED Days Hours WIDOWFO DIVORCED 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR ACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? raleman 13. FATHER'S NAME MOTHER'S MAJOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten the burial-transit permit. r to burial, cremation, or death (Yes, no, or unkown) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) or attending physician. **OUE TO** Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating **O FUNERAL DIRECTOR:** After this certificate has be director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO IS YES the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) CAL 20c. TIME OF INJURY Month, Day, Year (County) 20d. INJURY OCCURRED 120g. PLACE OF INJURY (Home, farm.) 20f. (City or town) (State) factory, street, office bldg., etc.) MED Hour a.m. While Not While be retained by ATTENDING 19 at work at work p.m. 21. I certify that (I) (this-hespital) attended the deceased from. TO FUNERAL DIRECTOR: and that death occurred at 17 M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. OATE SIGNED Page 4 may M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S 22c. 22d. AOORESS NAME (Type) BURIAL, CREMATION, OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Md Balto Co Burial New_Cathedral 24. FUNERAL DIRECTOR **ADORESS** REGISTRAR REGISTRAR'S. 66 VR A15 (4) 237 Patapsco Ave 21225 McCully FH 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13659 CERTIFICATE OF DEATH 13658 by the funeral Pages 1_and-2 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE **6 COUNTY** Anne Arundel Maryland Anne Arundel MARYLAND c LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corparate limits, write RURAL and give nearest tawn) and in any event, within 72 hours aft b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn 42 Severna Park Days Annapolis d NAME OF HOSPITAL OR INSTITUTION (finat in haspital, give street address) d. STREET ADDRESS e IS RESIDENC and campletely filled in papers ON A FARM? Box 368 Rt. #1 YES NO IX Anne Arundel General Hospital 4. DATE please remove carbon 3 NAME OF Middle Last Marth Day Year DECEASED 66 10 Wehr 10 19 Vann (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX DATE OF BIRTH 9 AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Days Hours White September 6,1939 Female WIDOWED DIVORCED 100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 B RTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT INDUSTRY physician U.S. Illinois . Rockford 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME the attending physical and the physical Anton Vanoski Ann Unknown 17 INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war or dates af service) crematian, ar 0491 Harry 'ehr 3rd Arundel Beach INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) PART I DEATH WAS CAUSED BY burgal-transit ONSET AND DEATH 40515 signed by 1 IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove nse to immediate cause (a), DUE TO as the priar tak stating the underlying cause Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY
PERFORMED?
YES NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) directar, page 3 shauld be detached far use shauld be filed with the State Dept. af Health | NO [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Item 18) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. foctory, street, office bldg., etc.) Not While OR ATTENDING ot work , 1966, that (I) (we) last 21. I certify that (I) (this hospital) gittended the deceased fram_ 04.1963, to 1966, and that death accurred at 11:50 PM, from causes and on the date stated above. saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 230. BURIAL, CREMATION REMOVAL (Specify) /12/66 Lorraine Park Moodlawn. Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR ADDRESS Mineley VR A15 (4) 20 M 1/66 1966 ING.



	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		13559 CERTIFICATE OF DEATH
te be executed within 24 hours after dearming and completely filled in by the funeral gase remave carban papers. Pages 1 and 2 and in any event, within 72 haurs after death.		PLACE OF DEATH O. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceosed lived, if Institution Residence Maryland b. COUNTY. MARYLAND
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hin 24 hc filled in n papers.	<u>F</u>	A NAME OF HOSP TAU OR INSTITUTION (If not in haspital, give street oddress) R.D. #2 Box /67 YES \(\text{No In First } \) NAME OF First Middle Lost / 4 DATE Month Day Year NAME OF NAME OF Lost / 4 DATE Month Day Year NAME OF
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e death cert attendings permit. I he	1S {Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? S, no, or unknown) (If yes give wor or dotes of service) Address Address Address Address Address Address
equires that the physician. signed by the burial-transit i		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) COCON ARRY THROWN 30 STS) ONSEL AND DEATH ONSEL AND DEATH DUE TO (b) DUE TO (c) DUE TO (c)
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DING PHYSIC by the hospi fler this certi be detached State Dept. at	MEDICAL	20c TIME OF INJURY Month, Doy, Year Haur o.m. p.m. 19 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) 20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) 20f (City or town) (County) (Stote)
OR ATTENI be retained DIRECTOR: /		21. I certify that (I) (this haspital) attended the deceased fram
TO HOSPITAL Page 4 may TO FUNERAL I directar, pag shauld be fil	230	BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specifical County) (Signe) FUNDERAL DIRECTOR ADDRESS 23d. LOCATION (City or Town) (County) (Signe) WHERE DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE WHERE M. Joy Co. 4 Jones (Manuel of Manuel of



MARYLAND STATE DEPARTMENT OF HEALTH

09061 2 APRIL DE SEEL SEELS HAR HORELL DICK AND ELLE THE ME AT 322 MODELS STLYIA WESTER STEEL 8 3 -5 1414 SHEET 14 258 201 \$ 6 4/202 W. W. W. MARCH CO. LEWINGS WHEELER interstance auge Service Flinball. BARME OF 6 1982 CEDAR BLAFF COME ALTER ADDRESS ALP TO HE AT THE POST THE HOUSE IS PARTY IN THE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13661 low requires that the death certificate be executed within 24 hours after death and signed by the attending physicion and completely filled in by the funeral burial-transit permit. Then please remove carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS 38 Parole St. . Anne Arundel General Hospital NO D YES 3. NAME OF Middle 4. DATE Last Month Day Year (Type or print) October 24 66 WILLIAMS Ben jamin none 19 DEATH S. SEX DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Davs July 16, 1885 Male Negro WIDOWED ... DIVORCED 10o, USUAL OCCUPATION (Give kind of work done during prost of working life, even if refired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) INDUSTRY Maryland FATHER'S NAME 14. MOTHER'S MAIDEN NAME removol, WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates af service) 10 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) physician. DUE TO Weeks Conditions, if ony, which gove rise to immediate couse (o). DUE TO stating the underlying cause attending as the has been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? eus. NO O FUNERAL DIRECTOR: After this certificate the hospital or Ja 206. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) Not While of work of work O HOSPITAL OR ATTENDIN Page 4 may be retained by 19 65 that (1) (ADE) last 21. I certify that (I) PROPOSITION attended the deceased from should saw the deceased alive on Oct. 24. 19 66, and that death accurred at M, from causes and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR 66 director, page 3 should be filed 22d. ADDRESS 22c. PHYSICIAN'S 62 Cathedral St., Annapolis, Md. NAME (Type) 23c. NAME OF CEMETERY QR. CREMATORY DATE THEREOF 23d. LOCATION (City or Town) (State) 23g. BURIAL, CREMATION. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR DATE

1866: Incapa e ... Littlewin (arrest) places and do de terreto porterio de la materiale · . I Dillernie of cally and , it is worth to